

Case Number:	CM14-0073961		
Date Assigned:	07/16/2014	Date of Injury:	12/21/1984
Decision Date:	08/22/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/21/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Preventive Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is an 85-year-old male with a 12/21/84 date of injury. At the time (5/6/14) of request for authorization for Voltaren XR 100 mg #90 and Platelet-rich plasma injection in the sacroiliac joint, there is documentation of subjective (right-sided and posterior low back pain) and objective (improvement in gait and lumbar pain, positive Faber's, sacroiliac joint compression and Stork tests, and right-sided lumbar spine tenderness to palpation with twitch response) findings, current diagnoses (chronic pain, sacroiliitis/arthropathy, lumbar dystonia with spasms and trigger points, lumbar degenerative disc disease), and treatment to date (right sacroiliac joint injection on 3/27/14 with decrease in pain level for 2 weeks; lumbar trigger point injections, and medications (Voltaren XR since at least 11/15/13). In addition, medical report identifies a request for repeat right sacroiliac joint injection with platelet-rich plasma. Regarding Voltaren XR 100 mg #90, there is no documentation of Voltaren used as second line therapy and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use Voltaren. Regarding Platelet-rich plasma injection in the sacroiliac joint, there is no documentation of at least >70% pain relief obtained for 6 weeks following previous injection, that 2 months or longer have elapsed between each injection, and a condition/diagnosis for which platelet-rich plasma injections in the hip and pelvis are indicated (such as osteoarthritis of the hip).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Voltaren XR 100 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac sodium (Voltaren, Voltaren-XR).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that Voltaren is not used as first line therapy due to increased risk profile. Within the medical information available for review, there is documentation of diagnoses of chronic pain, sacroiliitis/arthropathy, lumbar dystonia with spasms and trigger points, lumbar degenerative disc disease. In addition, there is documentation of chronic low back pain. However, there is no documentation of Voltaren used as second line therapy. In addition, given documentation of ongoing treatment with Voltaren since at least 11/15/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Voltaren. Therefore, based on guidelines and a review of the evidence, the request for Voltaren XR 100 mg #90 is not medically necessary.

Platelet-rich plasma injection in the sacroiliac joint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis Chapter, criteria for the use of sacroiliac blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, SI Joint Injection; Platelet-rich plasma (PRP).

Decision rationale: MTUS reference to ACOEM Guidelines identifies that invasive techniques are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have a benefit in patients presenting in the transitional phase between acute and chronic pain. ODG identifies documentation of at least >70% pain relief obtained for 6 weeks, that 2 months or longer have elapsed between each injection, and that the injection is not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block, as criteria necessary to support the medical necessity of repeat SI joint injection. In addition, ODG

identifies documentation of a condition/diagnosis for which platelet-rich plasma injections in the hip and pelvis are indicated (such as osteoarthritis of the hip), as criteria necessary to support the medical necessity of platelet-rich plasma injections in the hip and pelvis. Within the medical information available for review, there is documentation of diagnoses of chronic pain, sacroiliitis/arthropathy, lumbar dystonia with spasms and trigger points, lumbar degenerative disc disease. In addition, there is documentation of a previous sacroiliac joint injection performed on 3/27/14 with a request identifying to repeat injection with platelet-rich plasma. However, given documentation of unquantified pain level for 2 weeks with previous injection, there is no documentation of at least >70% pain relief obtained for 6 weeks following previous injection. In addition, given documentation of a 3/27/14 date of previous injection and a request to repeat injection on 5/6/14, there is no documentation that 2 months or longer have elapsed between each injection. Furthermore, there is no documentation of a condition/diagnosis for which platelet-rich plasma injections in the hip and pelvis are indicated (such as osteoarthritis of the hip). Therefore, based on guidelines and a review of the evidence, the request for platelet-rich plasma injection in the sacroiliac joint is not medically necessary.