

Case Number:	CM14-0084180		
Date Assigned:	07/21/2014	Date of Injury:	07/12/2013
Decision Date:	08/27/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/05/2014

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 Orthopaedic Surgery 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:

This 63-year-old male construction foreman sustained an industrial injury on 7/12/13. The injury occurred when he fell off the top of an 11-foot ladder, resulting in brief loss of consciousness and contusions to the shoulder, elbow low back, and face. The 9/10/13 lumbar spine MRI documented diffuse degenerative disc and facet disease, multilevel disc bulges with facet degeneration causing bilateral foraminal stenosis, and minimal grade 1 spondylolisthesis of L4 on L5. The patient responded well to lumbar epidural steroid injections with persistent symptoms localized to the lower back. The 3/17/14 spine consult report cited constant grade 9/10 bilateral low back pain radiating to the buttocks and right lower neck pain. The pain was exacerbated by prolonged sitting and standing, lifting, twisting, driving, any activities, lying down, coughing, sneezing and bearing down. The lumbar spine exam documented range of motion restricted by pain in all motions and there was tenderness to palpation over the bilateral sacroiliac joint sulcus. Sacroiliac provocative maneuvers were negative bilaterally, nerve root tension signs were negative bilaterally, lumbar discogenic provocative testing was positive bilaterally, and lumbar mechanical signs were positive. The neurologic exam was within normal limits with normal lower extremity strength, sensation and reflexes. The treatment plan indicated that the painful symptoms were in the sacroiliac joint region and diagnostic sacroiliac joint injections were recommended. The 5/15/14 utilization review modified the request for Percocet 5/325 mg from #120 to #68 to allow for weaning and discontinuation based on minimal pain relief and no objective evidence of functional improvement with use of this medication. Prior weaning recommendations were noted. The request for bilateral sacroiliac joint radiofrequency ablation was denied based on absence of guideline support. The 6/4/14 treating physician appeal letter stated that Percocet provided 50% improvement of his pain and 50% improvement in activities of daily living, such as self-care and dressing. The patient was compliant with medications.

Without medications, he would have difficulty ambulating or sitting more than 20 minutes due to pain. The patient had failed Norco and non-steroidal anti-inflammatory drugs (NSAIDs). He also appealed the denial of the sacroiliac radiofrequency ablation. He reported that the patient had positive diagnostic sacroiliac joint injections with 70% improvement. In addition, he had increased range of motion for 30 minutes after the injection that lasted greater than 2 hours with positive sacroiliac joint provocative maneuvers. The patient had failed physical therapy, NSAIDs, and conservative treatments. Additional citations were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Percocet 5/325mg Quantity 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE; OPIOIDS, SPECIFIC DRUG LIST Page(s): 76-80; 92.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of Percocet for moderate to moderately severe pain on an as needed basis. Guidelines support an initial dose of 2.5 to 5 mg and allow doses from 10 to 30 mg for severe pain. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have been met. This patient presents with moderately severe pain that had failed to improve with Norco or non-steroidal anti-inflammatory drug (NSAIDs). There is good reduction of pain and increased functional ability in activities of daily living documented with use of this medication. The morphine equivalent dose is well within guideline recommendations. Therefore, this request for one prescription of Percocet 5/325 mg #120 is medically necessary.

1 Bilateral Sacroiliac Joint Radiofrequency nerve ablation with fluoroscopically guidance: 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 (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 196. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, Sacroiliac joint radiofrequency neurotomy Other Medical Treatment Guideline or Medical Evidence: Cohen SP, Hurley RW, Buckenmaier CC 3rd, Kurihara C, Morlando B, Dragovich A. Randomized placebo-controlled study evaluating lateral branch radiofrequency denervation for sacroiliac joint pain. *Anesthesiology*. 2008 Aug;109(2):279-88.

Decision rationale: The California MTUS guidelines do not recommend radiofrequency ablation for any spinal condition and does not make recommendations relative to the sacroiliac joints. The Official Disability Guidelines (ODG) state that sacroiliac joint radiofrequency neurotomy is not recommended. Evidence is limited for this procedure and the use of all sacroiliac radiofrequency techniques has been questioned, in part, due to the fact that the innervation of the sacroiliac joint remains unclear. The cited Cohen study was limited to 28 patients and stated that larger studies were needed to confirm study results to determine the optimal candidates and treatment parameters for this poorly understood disorder. Given the absence of guideline support for this procedure, the request for one bilateral sacroiliac joint radiofrequency nerve ablation with fluoroscopic guidance is not medically necessary.