

Case Number:	CM14-0096556		
Date Assigned:	07/28/2014	Date of Injury:	12/31/1969
Decision Date:	08/28/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/24/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 65-year-old female who reported an injury on 12/31/1969. The mechanism of injury was not provided. On 06/09/2014, the injured worker presented with low back pain. Current medications included Lyrica, Avinza, Norco, and Ambien. Diagnoses were right greater than left sacroiliitis, piriformis syndrome, greater trochanteric bursitis, lumbar degenerative disc disease with radiculopathy. Upon examination of the pelvis, there was tenderness to the right greater than left sacroiliac joint and piriformis muscle with a positive Fabere's test with hip thrust. Piriformis stretches reproduced buttock pain. The provider recommended Norco, Avinza, Ambien, and bilateral piriformis muscle injection with fluoroscopy. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tabs 10/325 mg every 4-6 hrs #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Criteria for Use) Page(s): 78.

Decision rationale: The request for Norco tabs 10/325 mg every 4-6 hours #360 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug abuse behavior and side effects. As such, the request is not medically necessary.

Avinza ER capsules 60mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Criteria for Use) Page(s): 78.

Decision rationale: The request for Avinza ER capsules 60mg #30 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug abuse behavior and side effects. As such, the request is not medically necessary.

Ambien CR extended release tabs 12.5 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (web) www.odgtreatment.com -Work Loss Data Institute.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Ambien.

Decision rationale: The request for Ambien CR extended release tabs 12.5 mg #60 is not medically necessary. Official Disability Guidelines state Ambien is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term (usually 2 to 6 weeks treatment) of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. They can be habit forming and may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The provider's request for Ambien 12.5 mg with a quantity of states 60 exceeds guideline recommendations of short-term treatment. Additionally, there is lack of evidence of insomnia symptoms or diagnosis and the severity of the insomnia was not indicated. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Bilateral piriformis muscle injection with fluoroscopy #2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), Muscle Injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The request for bilateral piriformis muscle injection with fluoroscopy #2 is not medically necessary. Official Disability Guidelines recommend piriformis injections for piriformis syndrome after a 1 month physical therapy trial. Piriformis syndrome is a common cause of low back pain and accounts for 68% of injured worker's presenting with buttock pain, which may be associated with sciatica due to a compression of the sciatic nerve by the piriformis muscle. There is lack of evidence in the medical documents of a 1 month physical therapy trial. Additionally, the injured worker does not have a diagnosis congruent with the guideline recommendation for piriformis injection. As such, the request is not medically necessary.

Fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Hip & Pelvis (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.