MAXIMUS Federal Services

| Case Number: | CM14-0194189 | | |
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| Date Assigned: | 12/01/2014 | Date of Injury: | 04/14/2010 |
| Decision Date: | 01/20/2015 | UR Denial Date: | 11/07/2014 |
| Priority: | Standard | Application Received: | 11/19/2014 |

## 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas & Florida. 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 patient is 54 a year old female who was injured 4/14/2010. The diagnoses are bilateral knee pain, degenerative disc disease of the cervical and lumbar spine, lumbar radiculopathy and upper extremities joints pain. There are associated diagnoses of rheumatoid arthritis, Sjogren's syndrome, Raynaud's disease and depression. The past surgery history is significant for a right shoulder arthroscopy, bilateral knees surgeries and carpal tunnel release. On 9/16/2014, Dr. [redacted] noted a pain score rated 1-8/10. The patient was noted to be utilizing Oxycodone. On 11/10/2014, Dr. [redacted] noted subjective complaint of worsened neuropathic type pain due to non- authorization of medications. The patient was noted to have pain in multiple muscle groups of the low back, gluteal and thigh areas. The plasma injection was being requested for the muscle pain because the Botox was not authorized. The documented objective finding was on the upper extremities joints. The patient was noted to suffer from falls. There was a documented fall on 10/4/2014. The medications listed are Abilify, Gabapentin, Protonix, Cymbalta, Percocet, Baclofen, Lidoderm, Voltaren gel, Zolpidem ER, and Fluoxetine.A Utilization Review determination was rendered on 11/7/2014 recommending non certification for platelet rich plasma injection to GTB with ultrasound with fluoroscopy and Butrans 15mcg/hr. #4 3 refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Platelet Rich Plasma Injection to GTB With Ultrasound With Fluroscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Hip & Pelvis Procedure Summary

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

**Decision rationale:** The CA MTUS did not address the use of platelet rich plasma in the treatment of musculoskeletal pain. The ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of musculoskeletal pain when conservative treatments with medications and PT have failed. The records indicate that the patient reported pain relief following a prior steroid injection. The clinical findings indicate generalized muscle tenderness in the pelvic, hips and trochanter bursa area. The records show clinical findings consistent with generalized connective tissue disease. There is limited guideline or FDA support for the injections of platelet rich plasma for the treatment of generalized body pain in connective tissue disease states. The criteria for the use of platelet rich plasma to GTB with ultrasound and fluoroscopic guidance were not met.

**Butrans 15mcg/Hr Patch Qty. 4 + 3 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 9792.24.2 Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbations of musculoskeletal pain that did not respond to standard NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, opioid induced hyperalgesia, sedation, addiction, and adverse interaction with other sedatives. The records indicate that the patient is utilizing multiple opioids and sedative medications. There is documentation of frequent falls and reduction in physical activities. The combination of Butrans, a partial agonist with oxycodone, a pure agonist is associated with a ceiling effect of opioid action. The criteria for the use of Butrans 15mcg/hr. #4 3 refills was not met.