MAXIMUS Federal Services

Case Number:	CM14-0197236		
Date Assigned:	12/05/2014	Date of Injury:	01/04/2011
Decision Date:	01/15/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/24/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 62 year old female who was injured on 1/4/2011 after slipping and falling off of a wooden chair onto her coccyx. She was diagnosed with fracture/disorder of coccyx, sacroilitis, lumbago, idiopathic peripheral neuropathy, sciatica, pelvic joint pain, chronic pain related to trauma, and lumbosacral disc degeneration. She was treated with sacroiliac joint injections, physical therapy, massage therapy, chiropractic treatment, acupuncture, and medications. On 10/7/14, the worker was seen by her pain specialist reporting 50% reduction in her low back pain (rated 7/10 on the pain scale), following her recent sacroiliac injection (9/18/2014). She reported still experiencing numbness, burning, and tingling down right leg, however. She reported using Soma, Ativan, and Lidoderm patches for her pain. Physical examination findings included positive Patrick's test on right, sacroiliac tenderness (left and right, but more on right), lumbar facet tenderness, axial loading worsened pain, normal sensory examination of lower extremities, normal motor strength, and normal reflexes. She was then recommended a right sacroiliac joint radiofrequency ablation, and a number of compounded topical analgesics in order to decrease the use of oral pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacroiliac joint radiofrequency ablation x 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

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 section, Sacroiliac radiofrequency neurotomy

Decision rationale: The MTUS does not address radiofrequency ablation/neurotomy of the sacroiliac joints. The ODG, however, does state that this procedure on the sacroiliac joint is not recommended due to no consensus for the proper technique and due to limited evidence for the general use of this method. Although the few small studies suggest it may be helpful, until larger studies are conducted, it cannot be generally recommended. In the case of this worker, there seems to be evidence of sacroiliac joint-related pain helped to some extent by a previous injection to her right sacroiliac joint, however, due to the non-recommendation of an ablation of this joint by the MTUS Guidelines, it will be considered medically unnecessary.

Compound pain cream: Declofenac/ Gabapentin/ Lidocaine #120 x 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. The MTUS also states that topical gabapentin is not recommended for use due to lack of peer-reviewed papers to suggest it is effective and safe. The MTUS states that any combination topical product which includes a non-recommended medication or medication class is considered not recommended. In the case of this worker, she was recommended this topical combination product (diclofenac/gabapentin/lidocaine) for the treatment of her low back/sacroiliac pain, however, she was already using a topical lidocaine product (Lidoderm) and gabapentin is a non-recommended topical medication. Therefore, the diclofenac/gabapentin/lidocaine is not medically necessary.

Wound care gel: Phenytonin/ Pentoxifylin/ Lidocaine, 45gm x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical antiepilepsy drugs such as Phenytoin, specifically, are not recommended for use topically as there is insufficient evidence for general use in any application. The MTUS states that any combination topical product which includes a non-recommended medication or medication class is considered not recommended. In the case of this worker, she was offered a topical combination product (phenytoin/pentoxifylin/lidocaine) for the treatment of her pain. It is not clear why a wound care gel was recommended to her for chronic pain treatment as this was not provided in the notes. Due to the worker already using topical lidocaine in her Lidoderm and also due to this combination product including phenytoin, which is a non-recommended topical medication, the phenytoin/pentoxifylin/lidocaine will be considered medically unnecessary.

Topical scar gel 45grams x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical corticosteroid are not mentioned in the MTUS as an option for treatment of chronic pain. The MTUS states that any combination topical product which includes a non-recommended medication or medication class is considered not recommended. In the case of this worker, she was recommended this topical combination product (betamethasone/lidocaine) for the treatment of her low back/sacroiliac pain. It is not clear as to why she was recommended a topical scar gel for her chronic pain. She was already using a topical lidocaine product (Lidoderm) and betamethasone would not be appropriate for the treatment of chronic pain. Therefore, the diclofenac/gabapentin/lidocaine is not medically necessary.

Steroid combination cream/gel 45grams x 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical corticosteroid are not mentioned in the MTUS as an option for treatment of chronic pain. In the case of this worker, she was recommended this topical corticosteroid product (betamethasone/lidocaine) presumably for the treatment of her low back/sacroiliac pain. It is not clear as to why she was recommended a topical corticosteroid for her chronic pain, however, there is no guidelines or evidence to support this method of treating low back pain. Therefore, the topical betamethasone is not medically necessary.