

Case Number:	CM15-0008278		
Date Assigned:	01/26/2015	Date of Injury:	07/20/1994
Decision Date:	03/16/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/14/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 54 year old male, who sustained an industrial injury on 07/20/1994. The diagnoses have included status post hardware removal and repeat lumbar fusion with bone stimulator placement on 07/16/2014, bilateral sacroiliitis, bilateral lumbar radiculopathy, status post spinal cord stimulator implant with subsequent removal, and coccydynia. Comorbid conditions include schizophrenia, anxiety, depression, gastroesophageal reflux disease and hypertension. Treatments to date have included spinal cord stimulator placement and removal, lumbar fusion, back brace, and medications. Diagnostics to date have included lumbar spine x-rays on 01/15/2012 showed a halo around L3 screws with motion at L3-4. In a progress note dated 11/11/2014, the injured worker presented with complaints of low back pain and bilateral lower extremity complaints. The treating physician reported the injured worker's pain had become worse since the last visit and now experiencing a new pain at the tailbone with more intense pain in the low back. The physician recommended a ganglion impar block for the complaints of coccydynia. Utilization Review determination on 12/16/2014 non-certified the request for 1 Ganglion Impar Block and Lyrica 75mg #90 and modified the request for Norco 10/325mg #150 to Norco 10/325mg #120 citing Medical Treatment Utilization Schedule and Non-Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Ganglion impair block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks Page(s): 39-40, 103-4. Decision based on Non-MTUS Citation
1) Medical Disability Guidelines: Coccydynia Source: <http://www.mdguideline.com/coccydynia>
2) Howard PD, et al. A comparison of conservative interventions and their effectiveness for coccydynia: a systematic review. *Journal of Manual and Manipulative Therapy.* (2013) 21(4):213-219. Source: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3822321/>

Decision rationale: Anatomically, the ganglion impar, also known as the ganglion of Walther, is a sympathetic nerve ganglion on the front of the coccyx. Blocking this ganglia is used to treat chronic, neuropathic perineal pain from visceral and/or sympathetic pain syndromes, especially if they are secondary to malignancy. According to the MTUS, sympathetic ganglion blocks, in general, have a limited role in chronic pain or region pain syndromes, that being primarily to facilitate physical therapy. Key for this patient is the diagnosis. The patient first complained of coccydynia in November 2014. There is no documentation that conservative treatment with non-steroidal anti-inflammatory medications, donut cushions, physical therapy and/or osteopathic manipulation have been initiated. Present medical literature recommend injections be reserved for patients who do not improve with more conservative therapies. Medical necessity for this procedure has not been established.

1 Prescription of Norco 10/325mg #150: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, Chronic Pain Treatment Guidelines Opioids Page(s): 60, 74-96.

Decision rationale: Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 120 mg/day of hydrocodone. According to the MTUS opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to prevent iatrogenic morbidity and mortality. There was initial improvement in pain control and function with this medication but over the last 4 months the pain has actually worsened. The only changes in his medical history to account for

this is his surgical removal of hardware that was placed in his back. Stopping or decreasing his chronic pain medications at this point in his care doesn't make sense. There is no evidence of drug-seeking behaviors. Medical necessity for continued use of this medication has been established.

1 Prescription of Lyrica 75mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptic Drugs Page(s): 16-22.

Decision rationale: Trileptal (oxcarbazepine) is classified as an anti-epileptic drug indicated in the treatment of epilepsy, anxiety, mood disorders, benign motor tics and neuropathic pain from either trigeminal neuralgia and diabetic neuropathy etiologies. Presently, there are no good clinical trials for use of this type of medication for treating axial low back pain but as this type of pain may have a neuropathic origin suggests it may be effective for this condition, too. The MTUS suggests use of anti-epileptic drugs as a first line therapy for neuropathic pain from nerve damage and further describes the goal of therapy to be when the pain decreases 30-50% or more and the patient's level of functioning improves. Interesting for this patient is that initially he had improved functioning but despite use of this medication the patient's pain has actually increased. This may be due to the surgical removal of hardware from his lower back earlier in the year. Since the medication has not recently been beneficial for this patient the provider has the choice of stopping the medication or increasing it until a good response has occurred. He is presently on low dose Lyrica as the maximum dose for treating neuropathic pain is 600mg per day in divided doses. It is worth repeating that this dosing is for trigeminal neuralgia and diabetic neuropathy etiologies but it is assumed (by the MTUS) that it holds true for all neuropathic pain etiologies. Increasing this medication instead of increasing the patient's opioid dosing makes more sense than decreasing or stopping Lyrica or both Lyrica and his opioid medications. Medical necessity for continuation of Trileptal has been established.