

Case Number:	CM15-0186513		
Date Assigned:	09/28/2015	Date of Injury:	01/09/2012
Decision Date:	11/09/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/22/2015

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: Florida, New York, Pennsylvania
 Certification(s)/Specialty: Family Practice

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 62 year old male, who sustained an industrial injury on 1-9-2012. Medical records indicate the worker is undergoing treatment for multiple lumbar disc herniations with radiculopathy and sacroiliac joint inflammation. A recent progress report dated 8-17-2015, reported the injured worker complained of low back pain with muscle spasm and limited range of motion. Pain was rated 8 out of 10 and the injured worker also noted bilateral buttocks pain. Physical examination revealed normal gait, lumbar tenderness to palpation and myofascial pain. Palpation over the bilateral sacroiliac joints produced sharp shooting pain down the posterior and lateral aspect of the bilateral thighs. Straight leg raise testing was positive in the sitting and standing positions. Magnetic resonance imaging from 2014 showed lumbosacral disc degeneration and lumbar mild central canal stenosis. Treatment to date has included chiropractic care, acupuncture and physical therapy that showed limited improvement and increased consumption of pain medications due to severity of pain. The physician is requesting First Bilateral Sacroiliac Joint Injection and Flurbiprofen 25 Percent, Dextromethorphan 10 Percent in Lidoderm Base 180 Gram. On 9-11-2015, the Utilization Review non-certified the request for First Bilateral Sacroiliac Joint Injection and Flurbiprofen 25 Percent, Dextromethorphan 10 Percent in Lidoderm Base 180 Gram.

IMR ISSUES, DECISIONS AND RATIONALES

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

First Bilateral Sacroiliac Joint Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation. The Expert Reviewer based his/her decision on Non-MTUS , Evidence-Based Diagnosis and Treatment of the Painful Sacroiliac Joint, Laslett M, The Journal of Manual & Manipulative Therapy, vol 16(3) 141-152. Treatment of the Sacroiliac joint in patients with leg pain: a randomized-controlled trial. Visser LH, et al, Eur Spine J 2013, 22:2310-2317. European Guidelines for the diagnosis and treatment of pelvic girdle pain, Vleeming A et al, Euro Spine J 2008, 17:794-819. Interventional Therapies for Chronic Low Back Pain: A Focused Review (Efficacy and Outcomes), Patel VR, Wasserman R, Imani F, Anesth Pan Med, 2015;5(4), 9-26.

Decision rationale: DOI 9 Jan 12. First discussion of a diagnosis of Sacroiliitis made at a visit 17Aug15. Based on that single visit the request was made to do a bilateral Sacro-Iliac Joint injection. Patrick Fabre and Gaenslen's tests are listed as positive. The MTUS does not explicitly delve into issues associated with the Sacroiliac Joint. From a current literature review, the key provocative tests showing a degree of reliability and diagnostic predictability include distraction, compression, sacral thrust and thigh thrust as well as Gaenslen's. In the face of herniated discs, provocative SIJ tests have been shown to be commonly positive presenting concern for a false positive diagnosis of SIJ pain. For reliability, it is recommended that 3 or more provocative tests be found to be positive and ideally not in the face of other sources of pain such as discogenic pain as in this case. It is unclear what the injection is intended to do. "Is it diagnostic with fluoroscopic guided injection of anesthetic to confirm pain relief, steroids in an attempt to deal with inflammation or prolotherapy for stabilization and a cure." There is no supportive evidence for the utility of prolotherapy. Anesthetics (Lidocaine etc) can leach beyond the joint and provide false positive results. Treatment of SIJ pain in an RCT had been found to be most effectively dealt with through manipulation (72% success) versus intra-articular steroid injection (50%) or physical therapy (20%). Per another review, evidence for the utility of intra-articular steroid injections for sacroiliac joint pain is poor for both short and long term relief. It is not clear that an adequate evaluation of the diagnosis has been undertaken. The UR evaluation indicated that an appropriate trial of medical management had not been undertaken and yet there are no studies available that evaluate pharmacological treatment of Pelvic Girdle Pain. On the other hand a limited number of provocative tests have been offered as support for the diagnosis. That is compounded by the known lumbar spine discogenic issues that would cloud the ability to make a definitive diagnosis. On the basis of the available clinical details the utility of a Sacroiliac injection does not hold merit. Therefore, this request is not medically necessary.

Flurbiprofen 25 Percent, Dextromethorphan 10 Percent in Lipoderm Base 180 Gram:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, Lidoderm (lidocaine patch), NSAIDs, specific drug list & adverse effects, Topical Analgesics.

Decision rationale: One intermediate-quality study was reviewed that reported on a Flurbiprofen local-action transcutaneous (LAT) patch versus piroxicam gel (patients duration of symptoms not indicated). Results found that "Flurbiprofen LAT had a greater efficacy than piroxicam gel, and was also preferred by patients in the treatment of painful soft-tissue rheumatism of the shoulder and elbow." Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica, which is not apparent in this case). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. However, no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Dextromethorphan is not formally discussed in the MTUS. Any compounded product that contains at least one drug (or drug class) that is not recommended and in the absence of a specific discussion should be considered not recommended, is not recommended. Taken together there is no support for the use of this specific compounded product therefore, this request is not medically necessary.