

Case Number:	CM15-0196853		
Date Assigned:	10/12/2015	Date of Injury:	09/14/2000
Decision Date:	11/30/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/06/2015

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: Texas, New York, 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 applicant is a represented 53-year-old who has filed a claim for chronic knee, ankle, and low back pain reportedly associated with an industrial injury of September 14, 2000. In a Utilization Review report dated September 14, 2015, the claims administrator failed to approve requests for Percocet and a genicular nerve block. The claims administrator referenced a July 31, 2015 office visit in its determination. On January 14, 2015, Percocet, OxyContin, Lidoderm patches, Voltaren gel, genicular nerve block, an SI joint injection, and lumbar MRI imaging were sought. On July 31, 2015, the applicant reported ongoing complaints of knee and ankle pain. The applicant was status post knee surgery. The applicant reported difficulty sleeping at night and difficulty ambulating. Kneeling, sitting, and the like remained problematic, it was reported. The applicant's pain complaints were characterized as severe, it was stated in another section of the note. The applicant's medications included OxyContin, Percocet, Voltaren gel, Lidoderm patches, it was reported. A genicular nerve block was sought, along with a bilateral sacroiliac joint injection. OxyContin and Percocet were renewed. Little-to-no discussion of medication efficacy transpired, although the attending provider contended in one section of the note that the applicant would be unable to perform normal activities of daily living without his medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg qty: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for Percocet, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not clearly reported on July 31, 2015, suggesting that the applicant was not, in fact, working. The attending provider noted that he had severe pain complaints in various sections of the note, and stated that the applicant was having difficulty kneeling, standing, and sitting owing to his heightened pain complaints. The attending provider's commentary to the effect that the applicant would be bedridden without his medications and would be unable to perform activities of daily living did not constitute evidence of a meaningful or substantive benefit achieved as a result of ongoing Percocet usage. Therefore, the request was not medically necessary.

Genicular nerve block qty: 1: 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) Knee & Leg (updated 07/10/15).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Low Back Complaints 2004, Section(s): Physical Methods, and Knee Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, page, 850.

Decision rationale: Similarly, the request for a genicular nerve block was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 300, invasive techniques such as the genicular nerve block in question are of questionable merit in the evaluation and treatment of applicants with back pain complaints, as were seemingly present here. The MTUS Guideline in ACOEM Chapter 13, page 339 also notes that invasive techniques such as the genicular nerve block in question are likewise "not routinely indicated." The MTUS Guideline in ACOEM Chapter 3, page 48 also notes that steroid injections can weaken tissues and predispose to injury and should be reserved for applicants who do not respond to more conservative therapy. Here, thus, the attending provider's request for concomitant genicular nerve and sacroiliac joint injections on the same date of service, July 31, 2015, was at odds with the MTUS Guideline(s) in ACOEM Chapter 3, page 48, ACOEM Chapter 12, page 300, and ACOEM Chapter 13, page 339. While the Third Edition ACOEM Guidelines Chronic Pain Chapter does acknowledge that local anesthetic injections such as the genicular nerve block in question are recommended for diagnosing chronic pain, ACOEM qualifies its position by noting that there are no quality studies which demonstrate that repeated local anesthetic injections such as the genicular nerve block at issue are effective options in the long-term management of chronic localized pain, as was reportedly present here on the date in question, July 31, 2015. Here, the applicant was described as having had one prior such block on January 14, 2015. Pursuit of a repeat block was not seemingly indicated in the face of the unfavorable ACOEM position(s) on such. Therefore, the request was not medically necessary.