

Case Number:	CM15-0020553		
Date Assigned:	02/10/2015	Date of Injury:	11/02/2013
Decision Date:	03/30/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/04/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal 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 was a 39-year-old female who sustained an industrial injury on November 3, 2013. The injured worker was diagnosed with lumbar strain/sprain, lumbar radiculopathy, medial epicondylitis, and left elbow pain. Lumbar magnetic resonance imaging (MRI) on 6/23/14 showed disc bulge at L5-S1, L4-L5 mild disc desiccation, left neural foraminal disc protrusion and narrowing on the left and disc bulge at L5-S1. Treatment has included medications and epidural steroid injections at L4-L5 and L5-S1 on 10/2/14. Physical therapy was noted to have been approved but no documentation of any completed physical therapy was submitted. At a visit on 8/4/14, the physician documented that the injured worker had a signed opiate contract. Medications include citalopram, Norco, lyrica, docusate, pennsaid solution, and duloxetine. Activities of daily living were noted to remain limited and it was noted that the injured worker was unable to work or drive due to the severity of pain. Work status was temporarily totally disabled. Examination on 11/10/14 showed lumbar and thoracic muscle spasm with tenderness to palpation in the mid to lower thoracic spine, tenderness at the left sacroiliac joint, left piriformis muscle and left posterior iliac crest, and decreased strength in the left lower extremity. According to progress note of January 21, 2015, the injured workers reported excruciating pain in the lumbar region. The severe pain was elicited and observed with all lumbar flexion, extension, rotation, and weight bearing. The pain continued with sitting, standing, walking and the injured worker noted the need to frequently change positions. It was documented that the pain prevented basic activities of daily living. The physician documented that sacroiliac ligament injections would be requested to reduce sacroiliitis caused by chronic lumbar radiculopathy.

Examination continued to show tenderness at the left sacroiliac joint, piriformis muscle and posterior iliac crest and decreased strength in the left lower extremity. Work status remained temporarily totally disabled. On January 21, 2015, the primary treating physician requested authorization for prescriptions for Norco 10/325mg, Lidoderm Patches 5%, right and left lumbosacral trigger point injections (piriformis and erector spinae muscle bellies), and right and left sacroiliac ligament injections for excruciating pain in the lumbar region. On February 3, 2015, Utilization Review denied authorization for Lidoderm Patches 5% #30, right and left lumbosacral trigger point injections (piriformis and erector spinae muscle bellies) and right and left sacroiliac ligament injections. A request for Norco 10/325 #150 was modified to #135 for weaning. Utilization Review cited the MTUS, ACOEM, and ODG guidelines. On February 2015, the Utilization Review denied authorization for prescriptions for Norco 10/325mg, Lidoderm Patches 5%, right and left lumbosacral trigger point injections (piriformis and erector spinae muscle bellies), and right and left sacroiliac ligament injections. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 150 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): p. 74-96.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. Other than documentation of the presence of an opioid contract, these additional aspects of prescribing are not in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Work status has remained temporarily totally disabled, and activities of daily living were noted to be very limited. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Screening for aberrant drug-taking behaviors was not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Lidoderm patch, 5%, thirty count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 - 113.

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

Decision rationale: Topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy with tricyclic or serotonin/norepinephrine reuptake inhibitor antidepressants or an antiepileptic drug such as gabapentin or lyrica. Topical lidocaine in dermal patch form (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain, and further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation does indicate that the injured worker has been treated with lyrica, an antiepileptic medication, and antidepressants including citalopram and duloxetine, with continued pain. For this reason, the request for lidoderm patch is medically necessary.

Right lumbosacral trigger point injections (Piriformis & Erector spine muscle bellies):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 122.

Decision rationale: The MTUS states that trigger point injections are recommended only for myofascial pain syndrome in order to maintain function when myofascial trigger points are present on examination. Trigger point injections are not recommended for radicular pain or for typical back pain or neck pain, and have not been proven effective for fibromyalgia syndrome. No diagnosis of myofascial pain syndrome was documented. Physical examination was documented to show tenderness of the piriformis muscle but did not discuss finding of trigger points. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. No such findings were described. Due to lack of documentation of presence of trigger points and lack of diagnosis of myofascial pain syndrome, the request for Right lumbosacral trigger point injections (Piriformis & Erector spine muscle bellies) is not medically necessary.

Left lumbosacral trigger point injections (Piriformis & Erector spine muscle bellies):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): p. 122.

Decision rationale: The MTUS states that trigger point injections are recommended only for myofascial pain syndrome in order to maintain function when myofascial trigger points are present on examination. Trigger point injections are not recommended for radicular pain or for typical back pain or neck pain, and have not been proven effective for fibromyalgia syndrome. No diagnosis of myofascial pain syndrome was documented. Physical examination was documented to show tenderness of the piriformis muscle but did not discuss finding of trigger points. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. No such findings were described. Due to lack of documentation of presence of trigger points and lack of diagnosis of myofascial pain syndrome, the request for left lumbosacral trigger point injections (Piriformis & Erector spine muscle bellies) is not medically necessary.

Right sacroiliac ligament injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation low back chapter: sacroiliac joint injections hip and pelvis chapter: sacroiliac joint blocks

Decision rationale: The ODG notes that sacroiliac (SI) joint blocks are recommended as an option if there has been failure of at least 4-6 weeks of aggressive conservative therapy physical therapy, home exercise, and medication management. There should be evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease. At least three positive exam findings of SI joint dysfunction should be present such as: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH). Diagnostic evaluation must first address any other possible pain generators. In this case, there was no documentation of 4-6 weeks of aggressive conservative therapy, as no physical therapy sessions were documented and no home exercise program was discussed. In addition, the examination did not include sufficient examination findings related to SI joint dysfunction. In fact, the physician documented a diagnosis of lumbar radiculopathy. Due to lack of sufficient indication and lack of demonstration of failure of conservative therapy, the request for right sacroiliac ligament injection is not medically necessary.

Left sacroiliac joint injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation low back chapter: sacroiliac joint injections hip and pelvis chapter: sacroiliac joint blocks

Decision rationale: The ODG notes that sacroiliac (SI) joint blocks are recommended as an option if there has been failure of at least 4-6 weeks of aggressive conservative therapy physical therapy, home exercise, and medication management. There should be evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease. At least three positive exam findings of SI joint dysfunction should be present such as: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH). Diagnostic evaluation must first address any other possible pain generators. In this case, there was no documentation of 4-6 weeks of aggressive conservative therapy, as no physical therapy sessions were documented and no home exercise program was discussed. In addition, the examination did not include sufficient examination findings related to SI joint dysfunction. In fact, the physician documented a diagnosis of lumbar radiculopathy. Due to lack of sufficient indication and lack of demonstration of failure of conservative therapy, the request for left sacroiliac joint injection is not medically necessary.