

Case Number:	CM15-0089385		
Date Assigned:	05/13/2015	Date of Injury:	07/14/2011
Decision Date:	07/01/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/08/2015

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: Physical Medicine & Rehabilitation

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 40 year old female who sustained an industrial injury on July 14, 2011. Previous treatment includes MRI of the lumbar spine, lumbar medial branch block and medications. Currently the injured worker complains of continued low back pain and hip pain. She reports that her medications are well-tolerated, help with pain control and she has no side effects. On examination the injured worker has tenderness to palpation over the lumbar spine, facet joint, right sacroiliac joint and greater trochanter. She has decreased range of motion on flexion, extension and lateral bending. An MRI of the lumbar spine on January 26, 2015 revealed moderate facet arthropathy at L4-5 and L5-S1 with no segmental stenosis or foraminal encroachment found. Diagnoses associated with the request include lumbago, cervical disc degeneration, trochanteric bursitis, facet arthropathy, cervicgia, myofascial pain syndrome, sacroiliac joint dysfunction and hip/pelvic pain. The treatment plan includes Zofran ODT, Oxycodone/acetaminophen, Norco, Piriformis injection, Trochanteric bursa injection and SI joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Piriformis injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis (Acute & Chronic).

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 Chapter, Piriformis Injections.

Decision rationale: The patient presents on 05/05/15 with bilateral lower back, hip, and buttock pain rated 5/10 with medications, 8/10 without medications. The patient also complains of intermittent neck pain. The patient's date of injury is 07/14/11. Patient is status post bilateral lumbar medial branch block at L3-4, L4-5, L5-S1 on 11/20/14. The request is for 1 PIRIFORMIS INJECTION. The RFA was not provided. Physical examination dated 05/05/15 reveals tenderness to palpation of the cervical spine and cervical facet joints, with crepitus and decreased range of motion in all planes. Lower back examination reveals tenderness to palpation of the right sacroiliac joint, and positive Patrick's test on the right. The provider also notes tenderness to palpation of the joint line and greater trochanter of the right femur, with decreased range of motion in all planes with crepitus of the joint noted. The patient is currently prescribed Celexa, Flexeril, Ibuprofen, Lorazepam, Percocet, and Sonata. Diagnostic imaging included lumbar MRI dated 01/26/15, significant findings include: "...moderate facet arthropathy is demonstrated at L4-5 and L5-S1... no segmental stenosis or foraminal encroachment found..." Patient's current work status is not provided. ODG, Hip and Pelvis Chapter, Piriformis Injections, states, "Recommended for piriformis syndrome after a one-month physical therapy trial." "Symptoms include buttock pain and tenderness with or without electrodiagnostic or neurologic signs. Pain is exacerbated in prolonged sitting. Specific physical findings are tenderness in the sciatic notch and buttock pain in flexion, adduction, and internal rotation (FADIR) of the hip." "Physical therapy aims at stretching the muscle and reducing the vicious cycle of pain and spasm. It is a mainstay of conservative treatment, usually enhanced by local injections." In regard to the piriformis injection, the patient does not meet guideline criteria for such an injection. This patient presents with symptoms indicative of SI joint dysfunction and tenderness to the joint line and trochanter of the right femur. There are no unequivocal examination findings of piriformis involvement - such as pain elicitation in the buttocks during FADIR examination - nor evidence of physical therapy treatment directed at reducing suspected piriformis spasm prior to injection. Without examination findings indicative of piriformis syndrome, or evidence that this patient has failed physical therapy directed at the piriformis muscle prior to injection, the request cannot be substantiated. The request IS NOT medically necessary.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids Page(s): 88-89, 76-78.

Decision rationale: The patient presents on 05/05/15 with bilateral lower back, hip, and buttock pain rated 5/10 with medications, 8/10 without medications. The patient also complains of intermittent neck pain. The patient's date of injury is 07/14/11. Patient is status post bilateral lumbar medial branch block at L3-4, L4-5, L5-S1 on 11/20/14. The request is for NORCO 10/325. The RFA was not provided. Physical examination dated 05/05/15 reveals tenderness to palpation of the cervical spine and cervical facet joints, with crepitus and decreased range of motion in all planes. Lower back examination reveals tenderness to palpation of the right sacroiliac joint, and positive Patrick's test on the right. The provider also notes tenderness to palpation of the joint line and greater trochanter of the right femur, with decreased range of motion in all planes with crepitus of the joint noted. The patient is currently prescribed Celexa, Flexeril, Ibuprofen, Lorazepam, Percocet, and Sonata. Diagnostic imaging included lumbar MRI dated 01/26/15, significant findings include: "...moderate facet arthropathy is demonstrated at L4-5 and L5-S1... no segmental stenosis or foraminal encroachment found..." Patient's current work status is not provided. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the continuation of Norco for the management of this patient's intractable pain, the treating physician has not provided adequate evidence of medication efficacy. Progress report dated 04/27/15 notes that this patient's pain is decreased from 8/10 to 5/10, however does not mention functional improvements attributed to medications. Per this progress note, it is documented that the patient is unable to perform cooking, gardening, or shopping due to pain, though it is not stated how medications improve her function. A consistent urine drug screen dated 03/04/15 was provided. MTUS guidelines require documentation of analgesia via a validated instrument, activity-specific functional improvements, consistent urine drug screens, and discussion of a lack of aberrant behavior. In this case, there is documentation of analgesia, consistent urine drug screening, and a lack of aberrant behavior. However, without activity-specific functional improvements attributed to medications, continuation cannot be substantiated. Given the lack of complete 4A's documentation, as required by MTUS, the request IS NOT medically necessary.

Oxycodone-acetaminophen 10/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids Page(s): 88-89, 76-78.

Decision rationale: The patient presents on 05/05/15 with bilateral lower back, hip, and buttock pain rated 5/10 with medications, 8/10 without medications. The patient also complains of intermittent neck pain. The patient's date of injury is 07/14/11. Patient is status post bilateral lumbar medial branch block at L3-4, L4-5, L5-S1 on 11/20/14. The request is for 1

OXYCODONE-ACETAMINOPHEN 10/325MG #30. The RFA was not provided. Physical examination dated 05/05/15 reveals tenderness to palpation of the cervical spine and cervical facet joints, with crepitus and decreased range of motion in all planes. Lower back examination reveals tenderness to palpation of the right sacroiliac joint, and positive Patrick's test on the right. The provider also notes tenderness to palpation of the joint line and greater trochanter of the right femur, with decreased range of motion in all planes with crepitus of the joint noted. The patient is currently prescribed Celexa, Flexeril, Ibuprofen, Lorazepam, Percocet, and Sonata. Diagnostic imaging included lumbar MRI dated 01/26/15, significant findings include: "...moderate facet arthropathy is demonstrated at L4-5 and L5-S1... no segmental stenosis or foraminal encroachment found..." Patient's current work status is not provided. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the continuation of Percocet for the management of this patient's intractable pain, the treating physician has not provided adequate evidence of medication efficacy. Progress report dated 04/27/15 notes that this patient's pain is decreased from 8/10 to 5/10, however does not mention functional improvements attributed to medications. Per this progress note, it is documented that the patient is unable to perform cooking, gardening, or shopping due to pain, though it is not stated how medications improve her function. A consistent urine drug screen dated 03/04/15 was provided. MTUS guidelines require documentation of analgesia via a validated instrument, activity-specific functional improvements, consistent urine drug screens, and discussion of a lack of aberrant behavior. In this case, there is documentation of analgesia, consistent urine drug screening, and a lack of aberrant behavior. However, without activity-specific functional improvements attributed to medications, continuation cannot be substantiated. Given the lack of complete 4A's documentation, as required by MTUS, the request IS NOT medically necessary.

Zofran ODT 4mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Antiemetics (for opioid nausea).

Decision rationale: The patient presents on 05/05/15 with bilateral lower back, hip, and buttock pain rated 5/10 with medications, 8/10 without medications. The patient also complains of intermittent neck pain. The patient's date of injury is 07/14/11. Patient is status post bilateral lumbar medial branch block at L3-4, L4-5, L5-S1 on 11/20/14. The request is for ZOFRAN ODT 4MG #30. The RFA was not provided. Physical examination dated 05/05/15 reveals tenderness to palpation of the cervical spine and cervical facet joints, with crepitus and decreased range of motion in all planes. Lower back examination reveals tenderness to palpation of the right

sacroiliac joint, and positive Patrick's test on the right. The provider also notes tenderness to palpation of the joint line and greater trochanter of the right femur, with decreased range of motion in all planes with crepitus of the joint noted. The patient is currently prescribed Celexa, Flexeril, Ibuprofen, Lorazepam, Percocet, and Sonata. Diagnostic imaging included lumbar MRI dated 01/26/15, significant findings include: "...moderate facet arthropathy is demonstrated at L4-5 and L5-S1... no segmental stenosis or foraminal encroachment found..." Patient's current work status is not provided. MTUS guidelines are silent on antiemetic medications, though ODG guidelines have the following regarding antiemetics: "ODG Guidelines, Pain (Chronic) chapter, Antiemetics (for opioid nausea): Not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran): This drug is a serotonin 5-HT3 receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." In regard to Zofran, presumably for this patient's nausea secondary to opiate use, this medication is not supported by guidelines for chronic opioid-induced nausea. This patient has been prescribed Zofran since at least 12/01/14, though the initial complaints of opioid-induced nausea nor efficacy are not addressed. Progress notes do not include any discussion of other GI complaints for which this medication could be utilized, therefore it must be assumed that it is prescribed for opioid-induced nausea. However, guidelines do not support the use of this medication for nausea and vomiting secondary to chronic opioid use. Without a clearer rationale for this medication's utilization outside of opioid-induced nausea, medical necessity cannot be substantiated. The request IS NOT medically necessary.