

Case Number:	CM14-0123547		
Date Assigned:	09/24/2014	Date of Injury:	11/01/2011
Decision Date:	10/31/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/05/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 50-year-old male who reported a work related injury on 11/01/2011. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of lumbar sprain/strain, displacement of the thoracic or lumbar intervertebral disc without myelopathy, and piriformis syndrome. Past treatment has included medication management, injections, and a home exercise program. Diagnostic studies were not provided for review. A progress report dated 06/26/2014 is illegible. The part that is legible states the injured worker complained of stomach upset due to medication, joint pain, muscle spasms, and muscle soreness. It was also noted that the injured worker had a prior piriformis injection that resulted in 3 months of pain relief. The injured worker rated his pain as an 8/10 without medication and a 6/10 with medication. Medication was noted to increase the injured worker's ability to perform activities of daily living, participate in a home exercise program, work, and sleep. It was also noted that the injured worker had pain with all range of motion to include the SI joint, piriformis, and gluts. The injured worker's medications include Ultram, Celebrex, Prilosec, and Lidoderm patch. The treatment plan consisted of follow-up in 4 to 6 weeks, request for authorization of Tramadol, Celebrex, and Lidoderm patch, and right piriformis cortisone injection under ultrasound guidance. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right piriformis cortisone injection under ultrasound guidance: 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), Hip Chapter, Piriformis injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis, Piriformis injections

Decision rationale: The request for piriformis injections is not medically necessary. The Official Disability Guidelines state, piriformis injections are 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 of the hip. Imaging modalities are rarely helpful, but electrophysiologic studies should confirm the diagnosis, if not immediately, then certainly in a patient re-evaluation and as such should be sought persistently. It is a mainstay of conservative treatment, usually enhanced by local injections. Surgery should be reserved as a last resort in case of failure of all conservative modalities. Conservative treatment such as stretching, manual techniques, injections, activity modifications, modalities like heat or ultrasound, natural healing is successful in most cases. For conservative measures to be effective, the patient must be educated with an aggressive home-based stretching program to maintain piriformis muscle flexibility. He or she must comply with the program even beyond the point of discontinuation of formal medical treatment. Injection therapy can be incorporated if the situation is refractory to the aforementioned treatment program. Injections with steroids, local anesthetics, and Botulinum toxin have been reported in the literature for management of this condition, but no single technique is universally accepted. Localization techniques include manual localization of muscle with fluoroscopic and electromyographic guidance, or ultrasound. In regards to the injured worker, it is indicated within the documentation that the injured worker noted pain with all range of motion of the PVM, SI joint, piriformis, and glutes. However, it is also documented that the injured worker underwent a previous right piriformis injection, with no documentation of positive efficacy as evidenced by decreased medication usage, decrease in pain, and objective functional improvement. As such, the request for right piriformis cortisone injection under ultrasound guidance is not medically necessary.

Lidoderm patch, one patch Q 12 HR: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: The request for Lidoderm patch, one patch Q 12 HR is not medically necessary. The California MTUS states that Lidoderm is a brand name for a Lidocaine patch. Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy, such as gabapentin or Lyrica. This is not a first line

treatment and is only FDA approved for postherpetic neuralgia. In regards to the injured worker, within the documentation, there is no evidence of failure of failure of readily available oral agents in the antidepressant, antiepileptic, or non-steroidal anti-inflammatory class to support the medical necessity for a Lidoderm patch. As such, the request for Lidoderm patch, one patch Q 12 HR is not medically necessary.