

Case Number:	CM14-0126877		
Date Assigned:	08/13/2014	Date of Injury:	01/06/2000
Decision Date:	09/26/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/11/2014

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 Family Medicine, and is licensed to practice 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:

This is a 51 year old male with a 1/6/2000 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 6/10/14 noted subjective complaints of low back pain, bilateral hip and buttock pain. Objective findings included bilateral sciatic notch tenderness, diminished sensation in the L4, L5, S1 dermatomes bilaterally. It is noted that the patient is monitored with urine drug tests, has a valid opioid agreement, and is followed in the CURES database. Documentation notes improved function and activities of daily living, as well as continued employment, with the use of Opana. It is noted that the patient has tried Gabapentin, Lyrica, Cymbalta, and Nortriptyline without effect or poor tolerance. The patient has had a previous lumbar ESI with >80% symptom relief. Diagnostic Impression: Lumbago with radiculopathy, status post L5-S1 fusion, facet, and sacroiliac joint arthropathy Treatment to Date: medication management, SI joint injections. A UR decision dated 8/4/14 denied the request for Radiofrequency or Rhizotomy of sacroiliac joints bilaterally. RFA of the sacroiliac joints is not supported by evidence based medical treatment guidelines. It also denied a request for Opana ER 40 mg #60. There is lack of documentation indicating weaning and tapering off of opioid use. There is no indication that the claimant needs additional treatment to address the pain with a significant report of efficacy from previous injections. It also denied a request for repeat lumbar ESI. The date of the last epidural injection as well as the levels of the lumbar spine involved is unclear. It is unclear whether the noted improvements include at least 50% pain relief with associated reduction of medication use. It also denied a request for Terocin 4% Lidocaine Patch #30. Topical analgesics are recommended as an option in certain circumstances, but they are largely experimental in use with few randomized trials to determine efficacy or safety. There is no evidence that oral medications are insufficient to alleviate the pain symptoms as well. It also denied a request for Monarch Pain Cream tubes #2. Topical

analgesics are recommended as an option in certain circumstances, but they are largely experimental in use with few randomized trials to determine efficacy or safety. There is no evidence that oral medications are insufficient to alleviate the pain symptoms as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency or Rhizotomy of Sacroiliac Joints Bilaterally qty 2.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 286-326. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter.

Decision rationale: However, CA MTUS and Official Disability Guidelines states that Sacroiliac Joint Radiofrequency Neurotomy is not recommended; the use of RFA has been questioned, in part, due to the fact that the innervation of the SI joint remains unclear; and there is controversy over the correct technique for radiofrequency denervation; with larger studies needed to determine the optimal candidates and treatment parameters for this misunderstood disorder. Therefore, the request for Radiofrequency or Rhizotomy of Sacroiliac Joints Bilaterally Qty 2.00 was not medically necessary.

Opana ER 40mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2000 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Furthermore, ODG states that in general, Opana is not recommended. Due to issues of abuse and Black Box FDA warnings, Oxymorphone is recommended as second line therapy for long acting opioids. Oxymorphone products do not appear to have any clear benefit over other agents and have disadvantages related to dose timing (taking the IR formulation with food can lead to overdose), and potential for serious adverse events (when the ER formulation is

combined with alcohol use a potentially fatal overdose may result). There is no documentation that first line pain medications have been attempted and failed. Therefore, the request for Opana ER 40 mg #60 was not medically necessary.

Repeat Lumbar Epidural Steroid Injection, level unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy).

Decision rationale: CA MTUS does not support Epidural Injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However, although the patient appears to have radicular pain on physical examination, there is no provided imaging study available for review that corroborates this diagnosis. Furthermore, the requested treatment does not specify the level or levels for the injection. Therefore, the request for repeat lumbar Epidural Steroid Injection, level unspecified was not medically necessary.

Terocin 4% Lidocain Patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>.

Decision rationale: MTUS chronic pain medical treatment guidelines states that Topical Lidocaine in the formulation of a Dermal patch has been designated for orphan status by the FDA for neuropathic pain. In addition, CA MTUS states that 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). There is documentation that the patient has failed treatment with Gabapentin, Lyrica, Cymbalta, and Nortriptyline. However, it is unclear whether this proposed treatment is intended to be a trial or if the patient has already been using them. It is not documented where the patches are being used or are intended to be used, as well as the intended duration of use. If the patient has already been using the patches, there is no documentation of functional improvement or associated

decrease in oral medication. Therefore, the request for Terocin 4% Lidocaine patch #30 was not medically necessary.

Monarch Pain Cream tubes #2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.monarchmedicalgroup.com/services/transdermal-creams/>.

Decision rationale: CA MTUS and Official Disability Guidelines do not address this issue. In an online search for Monarch Pain cream, it is noted that [REDACTED] offers a line of custom-compounded creams specifically designed to address acute and chronic pain disorders. Treat symptoms such as inflammation, neuropathy, and muscle constriction directly at the site using the most sophisticated medications on the market. By prescribing compounded creams, you can offer a more individualized approach to managing the complexity of your patients' pain. It is not a universal formulation for each patient, but rather customized creams. It is unclear what the chemical formulation is for the requested treatment. It's utility and/or safety therefore cannot be assessed. Therefore, the request for Monarch Pain Cream tubes #2 was not medically necessary.