

Case Number:	CM15-0019242		
Date Assigned:	02/09/2015	Date of Injury:	05/24/2009
Decision Date:	03/31/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/02/2015

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 62 year old female who sustained an industrial injury on May 24, 2009. She has reported left buttock and hip pain and has been diagnosed with left lumbar facet pain with some secondary piriformis syndrome. Treatment has included stretching, exercise, and medications. Currently the injured worker had tenderness over the left greater trochanter and over the area inferior to the S1 joint with decreased range of motion. The treatment plan included a procedure and medications. On January 21, 2015 Utilization Review non certified a left piriformis injection, valium 5 mg, and Kadian 40 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left periformis injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Hip and Pelvis Chapter, Piriformis Injections

Decision rationale: The patient presents with increasing pain (07/10) and spasm in her left buttock and hip. The request is for LEFT PIRIFORMIS INJECTION. The RFA provided is dated 01/13/15. Patient's diagnosis on 12/29/14 included left lumbar facet pain and left piriformis syndrome. Concurrent medications included Ativan, Valium, Hydrocodone, and Kadian. Patient underwent a left lumbar medial branch block testing L4-5 and L5-S1 on 07/14/14 and left radiofrequency medial branch neuropathy treating L4-5 and L5-S1 on 11/10/14. Under work status, the treater indicates that the patient is disabled. ODG, Hip and Pelvis Chapter, Piriformis Injections, states, Recommended for piriformissyndrome 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 this case, although the patient presents with the diagnosis of piriformis syndrome, there is no documentation or discussion regarding whether or not the patient received a 1 month physical therapy trial specific to this syndrome. Examination findings do not show FADIR findings. It would appear that the treater is just going from one procedure to another as the patient is s/p DMB and RF ablation, apparently without much benefit. Without a clear suspicion for piriformis syndrome demonstrated with exam findings, the requested injection IS NOT medically necessary.

Valium 5 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The patient presents with increasing pain (07/10) and spasm in her left buttock and hip. The request is for VALIUM 5MG. The RFA provided is dated 01/13/15. Patient's diagnosis on 12/29/14 included left lumbar facet pain and left piriformis syndrome. Concurrent medications included Ativan, Valium, Hydrocodone, and Kadian. Patient underwent a left lumbar medial branch block testing L4-5 and L5-S1 on 07/14/14 and left radiofrequency medial branch neuropathy treating L4-5 and L5-S1 on 11/10/14. Patient is disabled. MTUS Guidelines, page 24, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Benzodiazepines Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. In this case, Valium was prescribed in progress report dated 10/07/14 and the patient has been on it since at least then. MTUS does not recommend long term use of this medication. Therefore, the request IS NOT medically necessary.

Kadian 40 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 90.

Decision rationale: The patient presents with increasing pain (07/10) and spasm in her left buttock and hip. The request is for KADIAN 40 MG. The RFA provided is dated 01/13/15. Patient's diagnosis on 12/29/14 included left lumbar facet pain and left piriformis syndrome. Concurrent medications included Ativan, Valium, Hydrocodone, and Kadian. Patient underwent a left lumbar medial branch block testing L4-5 and L5-S1 on 07/14/14 and left radiofrequency medial branch neuropathy treating L4-5 and L5-S1 on 11/10/14. Patient is disabled. MTUS Guidelines pages 88 and 89 states, "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 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. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Kadian was prescribed in progress report dated 10/07/14 and the patient has been on it since at least then. Per the progress report dated 12/29/14, treater addresses ADLs and states, the patient is quite functional on this dosage. She is able to stand, walk, sit, and drive. However, MTUS guidelines require appropriate discussion of the 4A's. In this case, there are no pain scales or validated instruments that address analgesia, no discussions regarding adverse reactions, aberrant drug behavior, UDS's, opioid pain agreement, or CURES reports. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.