

Case Number:	CM15-0175366		
Date Assigned:	10/08/2015	Date of Injury:	03/01/2013
Decision Date:	12/14/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/04/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 68 year old female, who sustained an industrial-work injury on 3-1-13. A review of the medical records indicates that the injured worker is undergoing treatment for lumbago, hip and pelvic pain, sacroiliac joint dysfunction and pain in legs. Treatment to date has included pain medication including Tizanidine trialed, Ibuprofen, Prilosec, Norco since at least 3-10-15, diagnostics, physical therapy, diagnostics, and other modalities. Medical records dated (3-10-15 to 7-15-15) indicate that the injured worker complains of low back pain right hip pain and bilateral leg pain. The injured worker is having difficulty with walking and waddles when she walks. The physician indicates that X-rays "show that she has bilateral hip osteoarthritis." The MRI of the lumbar spine shows "degenerative changes in the lower back and both hips with tendinosis of hips and thighs with tears in muscles of the hamstrings." The physician also indicates that she has problems with the sacroiliac joint area. The physician indicates that pain is increased with walking and she has problems with getting up from a sitting position. She has also gained 30 plus pounds as she is not as active as previously. He notes that recently her medication was changed to Nucynta IR because the Norco "makes her head fuzzy." She cannot take Morphine. The pain is rated 6 out of 10 on the pain scale with medications and 8 out of 10 without medications. This has been unchanged. Per the treating physician report dated 7-15-15 the injured worker is permanently disabled. The physical exam dated 7-15-15 reveals tenderness of the lumbar spine, facet joints, crepitus, decreased flexion, extension, lateral bending and rotation. There is positive Gaenslen test, positive sacral compression, positive sacral thrust, tender right sacroiliac joint, and positive Patrick test on the right. There is tenderness on

the right at the joint line, greater trochanter and along the femur with decreased range of motion and crepitus. The physician indicates that he discontinued Nucynta due to it being denied and she is to take Norco at night. The treating physician indicates that the urine drug test result dated 2-5-15 was consistent with the medication prescribed. The request for authorization date was 7-24-15 and requested services included Norco 10-325mg #33, 1 Sacroiliac (SI) joint injection, 1 Piriformis injection, 1 Trochanteric bursa injection, and 1 Sacroiliac (SI) BOA belt. The original Utilization review dated 8-7-15 non-certified the request for Norco 10-325mg #33, 1 Sacroiliac (SI) joint injection, 1 Piriformis injection, 1 Trochanteric bursa injection, and 1 Sacroiliac (SI) BOA belt.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #33: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Norco 10/325mg #33, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. It is acknowledged, that there should be better documentation of functional improvement as a result of this medicine. However, a small quantity should allow the requesting physician time to better document that issue. In light of the above, the currently requested Norco 10/325mg #33 is medically necessary.

1 Sacroiliac (SI) joint 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 (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic): Sacroiliac joint injections (SJI) / Hip & Pelvis (Acute & Chronic): Sacroiliac joint blocks.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Sacroiliac Injections (Diagnostic/Therapeutic).

Decision rationale: Regarding the request for sacroiliac joint injections, guidelines state that sacroiliac injections (diagnostic/therapeutic) are not recommended. Within the documentation available for review, there are no peer reviewed studies provided, of sufficient power to overturn guideline recommendation against the use of this procedure. As such, the currently requested sacroiliac joint injections are not medically necessary.

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 (ODG) Hip & Pelvis (Acute & Chronic): 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 and Pelvis Chapter, Piriformis Injections.

Decision rationale: Regarding the request for piriformis injection, California MTUS guidelines do not contain criteria regarding the diagnosis and treatment of piriformis syndrome. ODG states that piriformis injections are recommended for piriformis syndrome after a one-month physical therapy trial. ODG goes on to state that the physical examination findings of piriformis syndrome include tenderness in the sciatic notch and buttock pain in flexion, adduction, and internal rotation of the hip. Within the documentation available for review, it is unclear whether the patients pain is exacerbated by flexion, adduction, and internal rotation. Additionally, there is no documentation of failed physical therapy directed toward the piriformis muscle prior to the requested piriformis injection, as recommended by guidelines. In the absence of such documentation, the currently requested piriformis injection is not medically necessary.

1 Trochanteric bursa injection: Overturned

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 & Pelvis (Acute & Chronic): Trochanteric bursitis 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 Chapter, Trochanteric Bursitis Injections.

Decision rationale: Regarding the request for bilateral trochanteric bursa injections, Chronic Pain Medical Treatment Guidelines do not address the issue. ODG states for trochanteric pain, corticosteroid injection is safe and highly effective, with a single corticosteroid injection often providing satisfactory pain relief. Steroid injection should be offered as a first-line treatment of trochanteric bursitis, particularly in older adults. Trochanteric corticosteroid injection is a simple,

safe procedure that can be diagnostic as well as therapeutic. Use of a combined corticosteroid-anesthetic injection typically results in rapid, long-lasting improvement in pain and in disability. Within the documentation available for review, there are recent physical examination findings supporting a diagnosis of greater trochanteric bursitis. As such, the currently requested greater trochanteric bursa injection is medically necessary.

1 Sacroiliac (SI) BOA belt: Overturned

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): Sacroiliac support belt.

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

Decision rationale: Within the documentation available for review, it appears the patient has pain in the sacroiliac area as well as numerous physical examination findings supporting this diagnosis. Guidelines support the use of a sacroiliac support belt for patients with sacroiliac issues. As such, the currently requested sacroiliac BOA belt is medically necessary.