

<b>Case Number:</b>	CM15-0175656		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	05/16/2008
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 49 year old female, who sustained an industrial injury on 5-16-08. The injured worker is diagnosed with include lumbosacral spin sprain-strain, sciatica, sacroiliac joint sprain-strain. Her work status is modified duty. Notes dated 5-28-15 -8-3-15 reveals the injured worker presented with complaints of constant, moderate to severe back pain that radiates to the right gluteal area and right lower extremity and is described as sharp and stabbing. The pain is increased by walking, sitting, bending and stretching and relieved by changing positions. Physical examinations dated 5-28-15 - 8-3-15 revealed mild altered gait. Treatment to date has included medications; Lidoderm patch, Norco, modified activity, walker for ambulation, and injections. She reports medications are helping, per note dated 8-3-15. Diagnostic studies to date have included x-rays and lumbar spine MRI (2009), bilateral lower extremities electrodiagnostic studies (2012), urine toxicology screen is negative. A request for authorization dated 8-7-15 for Norco 10-325 mg #60 is modified to #30 and piriformis joint injection (shoulder, hip, and knee) is non-certified, per Utilization Review letter dated 8-19-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Upheld

**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, 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, long-term assessment.

**Decision rationale:** The injured worker sustained a work related injury on 5-16-08. The medical records provided indicate the diagnosis of lumbosacral sprain-strain, sciatica, sacroiliac joint sprain-strain. Treatments have included Lidoderm patch, Norco, modified activity, walker for ambulation, and injections. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg #60. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the long term use of opioids in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been using this medication at least since 03/2014, but without overall improvement, therefore is not medically necessary.

**One right piriformis joint injection (shoulder, hip, knee):** 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 (ODG) Hip & Pelvis (Acute & Chronic) Piriformis injections.

**Decision rationale:** The injured worker sustained a work related injury on 5-16-08. The medical records provided indicate the diagnosis of lumbosacral sprain-strain, sciatica, sacroiliac joint sprain-strain. Treatments have included Lidoderm patch, Norco, modified activity, walker for ambulation, and injections. The medical records provided for review do not indicate a medical necessity for One right piriformis joint injection (shoulder, hip, knee). The MTUS is silent on piriformis injection; the Official Disability Guidelines recommend injection for piriformis syndrome after a one-month physical therapy trial. There is no evidence the injection was preceded by one month of failed trail of physical therapy, therefore is not medically necessary.