

Case Number:	CM15-0061830		
Date Assigned:	04/07/2015	Date of Injury:	11/20/2012
Decision Date:	06/01/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/01/2015

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 55 year old female, who sustained an industrial injury on 11/20/2012. The injured worker was diagnosed as having status post lumbar surgery, spondylolisthesis, post-operative right leg paresthesias, right greater trochanter bursitis, chronic intractable pain, and right sacroiliac joint dysfunction. Treatment to date has included medications, physical therapy, and transcutaneous electrical nerve stimulation. The injured worker presented on 02/23/2015 for a followup evaluation with complaints of right sided upper buttock pain, as well as recurrent right lateral thigh burning and intermittent numbness. The current medication regimen includes Percocet 10/325 mg. It was noted that the injured worker's prescriptions for Lyrica, Neurontin, Restoril, and Zofran had been discontinued. Upon examination, there was a normal gait without evidence of a limp or weakness, palpable tenderness over the right sacroiliac joint, tenderness to palpation over the right greater trochanter, decreased sensation over the right L5 and S1 dermatome, and 4/5 motor weakness on the right. There was positive straight leg raising on the right at 80 degrees and positive thigh thrust, pelvic distraction test, and Fortin's test on the right. Treatment recommendations at that time included a permanent H-Wave unit, a pain management consultation, a right sacroiliac joint block, a right greater trochanter bursectomy, and a trial of Cymbalta 30 mg. A Request for Authorization form was submitted on 02/23/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation for the right sacroiliac joint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, 2004, Independent Medical Examinations and Consultations, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): s 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state, a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, it is noted that the injured worker has positive examination findings, to include tenderness over the right sacroiliac joint, and positive provocation maneuvers. However, there is no documentation of a recent attempt at any conservative management for the right sacroiliac joint prior to the request for a pain management consultation. Given the above, the request is not medically necessary.

Right sacroiliac joint block with arthrogram: 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.

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, Sacroiliac joint block.

Decision rationale: As the injured worker's pain management consultation for the right sacroiliac joint has not been authorized, the associated request for a right sacroiliac joint block with arthrogram is not medically appropriate.

Cymbalta 30mg, quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antidepressants Page(s): s 15-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 13-16.

Decision rationale: California MTUS Guidelines state Cymbalta is used off label for neuropathic pain and radiculopathy. In this case, it is noted that the injured worker is diagnosed with failed back surgery syndrome and chronic pain syndrome. The guidelines do recommend Cymbalta for chronic pain. However, there is no frequency or quantity listed in the current request. Given the above, the request is not medically appropriate at this time.

Cymbalta 60mg, quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antidepressants Page(s): s 15-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 13-16.

Decision rationale: California MTUS Guidelines state Cymbalta is used off label for neuropathic pain and radiculopathy. In this case, it is noted that the injured worker is diagnosed with failed back surgery syndrome and chronic pain syndrome. The guidelines do recommend Cymbalta for chronic pain. However, there is no frequency or quantity listed in the current request. Given the above, the request is not medically appropriate at this time.

Percocet 10/325mg, quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has continuously utilized the above medication since at least 12/2014. Recent urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There was also no evidence of objective functional improvement. The injured worker continues to report persistent pain with radiating symptoms. There was also no frequency or quantity listed in the request. Given the above, the request is not medically appropriate.