

<b>Case Number:</b>	CM15-0079179		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	09/28/2008
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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 58 year old female, who sustained an industrial injury on 09/28/2008. She reported sustaining multiple injuries to the neck, back, and jaw. The injured worker was diagnosed as having lumbar strain with right lower extremity and left sacroiliac radiculopathy and multilevel disc bulges to the lumbar spine. Treatment to date has included magnetic resonance imaging of the lumbar spine, home exercise program, intra-articular injection, and medication regimen. In a progress note dated 03/25/2015 the treating physician reports complaints of moderate, frequent, constant, dull, sharp, cramping, burning pain to the lower back with spasms and left sacroiliac pain. The treating physician requested the medications of Norco 7.5/325mg with a quantity of 90 and Lidoderm patch 5% with a quantity of 30 noting the use of these medications for treatment of chronic low back pain and nociceptive pain, for treatment of chronic pain syndrome, and a failed trial of non-steroidal anti-inflammatory drugs and Acetaminophen. The physician also requested a left sacroiliac ligament complex injection with 1cc of Kenalog and 2 cc of Lidocaine noting an acute flare-up of left sacroiliac joint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this 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 no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

**Lidoderm patch 5% #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for Lidoderm, CA MTUS states that topical lidocaine is "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)." Within the documentation available for review, there is no indication of localized peripheral neuropathic pain after failure of first-line therapy. Given all of the above, the requested Lidoderm is not medically necessary.

**Left SI joint lig. complex injection 1cc ken/2cc lido:** 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 and Pelvis Chapter, SI Joint Blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x ODG Hip and Pelvis Chapter, Sacroiliac Blocks.

**Decision rationale:** Regarding the request for sacroiliac joint injections, CA MTUS does not address the issue. ODG recommends sacroiliac blocks as an option if the patient has failed at least 4 to 6 weeks of aggressive conservative therapy. The criteria include: history and physical

examination should suggest a diagnosis with at least three positive exam findings and diagnostic evaluation must first address any other possible pain generators. Repeat blocks are indicated only when there is at least >70% pain relief is obtained for 6 weeks. Within the documentation available for review, there is no indication of at least three positive examination findings suggesting a diagnosis of sacroiliac joint dysfunction. Additionally, it is unclear whether all other possible pain generators have been addressed and the duration of relief from prior SI joint blocks is not clearly identified. In the absence of clarity regarding these issues, the currently requested sacroiliac joint injections are not medically necessary.