

Case Number:	CM15-0094190		
Date Assigned:	05/21/2015	Date of Injury:	09/16/2011
Decision Date:	06/30/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/18/2015

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:

This 54-year-old male sustained an industrial injury to the low back on 9/16/11. Lumbar magnetic resonance imaging (11/23/11) showed mild multilevel disc degeneration with disc protrusion and mild bilateral stenosis. Physical exam was remarkable for magnetic resonance imaging, physical therapy, acupuncture, sacroiliac joint ablation (50% relief), sacroiliac joint blocks, lumbar facet joint injections (50% relief for 5 weeks), blocks, radiofrequency thermocoagulation (50% relief for 3 months), sacroiliac joint injection (50% relief for 2 weeks), ischial bursa injections, epidural steroid injections, trigger point injections, injections and medications. In a PR-2 dated 11/20/14, the injured worker rated his pain 4/10 on the visual analog scale. The injured worker was started on Percocet. The injured worker In a PR-2 dated 4/13/15, the injured worker complained of ongoing low back and buttock pain, rated 4/10 on the visual analog scale. The injured worker reported that he still had to raise himself up on his arms and could not sit flat on a chair due to buttock pain. Physical exam was remarkable for tenderness to palpation over the bilateral sacroiliac joints, sacrum, ischial bursae, piriformis muscles and low lumbar spine. Current diagnoses included lumbar spondylosis, lumbar spine facet joint syndrome, lumbar spine degenerative disc disease, lumbago, lumbar spine radiculitis and coccydynia. The treatment plan included continuing medications (Oxycontin, Percocet and Ibuprofen) and requesting a ganglion impair block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, On-Going Management Page(s): 79-81. Decision based on Non- MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: The patient presents with low back pain. The physician is requesting PERCOCET 5/325 MG QUANTITY 75. The patient is status post-bilateral radiofrequency thermocoagulation at L4, L5, and L5 dorsal ramus and S1 medial branch nerves. The RFA was not made available for review. The patient is currently working part time. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The treatment report dated 04/13/2015 shows that the patient's current pain level is about 4/10 on VAS. It is unclear if this pain scale is with or without medications. The physician also noted that OxyContin and Percocet "help" but the patient has asked for a long-term way to address his pain with less medication. Review of reports show that the patient has been prescribed Percocet since before 09/11/2014. None of the reports mentions specific ADLs that show a significant change in status with the use of this medication. Opiate management issues were not address. Urine drug screens were not provided. The patient has reported constipation with previous opiate use. No specific ADLs were provided. In this case, the MTUS guidelines require a much more thorough documentation of analgesia with before and after pain scales and functional improvement with opiate usage including aberrant drug seeking behaviors or CURES report. The request IS NOT medically necessary.

Oxycontin ER 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, On-Going Management, Oxycontin Page(s): 79-81, 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: The patient presents with low back pain. The physician is requesting OXYCONTIN ER 10 MG QUANTITY 60. The patient is status post-bilateral radiofrequency thermocoagulation at L4, L5, and L5 dorsal ramus and S1 medial branch nerves. The RFA was not made available for review. The patient is currently working part time. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug

seeking 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 medications to work, and duration of pain relief. The treatment report dated 04/13/2015 shows that the patient's current pain level is about 4/10 on VAS. It is unclear if this pain scale is with or without medications. The physician also noted that OxyContin and Percocet "help" but the patient has asked for a long-term way to address his pain with less medication. Reports show that the patient was been prescribed Percocet on 12/18/2014. None of the reports mentions specific ADLs that show a significant change in status with the use of this medication. Opiate management issues were not address. Urine drug screens were not provided. The patient has reported constipation with previous opiate use. No specific ADLs were provided. In this case, the MTUS guidelines require a much more thorough documentation of analgesia with before and after pain scales and functional improvement with opiate usage including aberrant drug seeking behaviors or CURES report. The request IS NOT medically necessary.

Ganglion impar block for coccydynia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation eMedicine, emedicine.medscape.com/article/309486-diagnosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA, http://www.aetna.com/cpb/medical/data/1_99/0016.html.

Decision rationale: The patient presents with low back pain. The physician is requesting ganglion impar block for coccydynia. The patient is status post-bilateral radiofrequency thermocoagulation at L4, L5, and L5 dorsal ramus and S1 medial branch nerves. The RFA was not made available for review. The patient is currently working part time. MTUS and ODG do not discuss ganglion impar injections but the AETNA guidelines consider this procedure experimental for treatment of coccydynia. Per the 04/13/2015 treatment report, the patient notes increased gluteal pain. He received an SI joint ablation on 10/31/2014 from which he had more than 50% pain relief, facet joint injections x 2 with 50% pain relief for six weeks, and RFTC x 2 two with 50% pain relief for three months. The patient continues to have pain in his buttocks, tailbone, and low back above the ablation site. He has had LESI at L5-S1 from 2012 without relief. Pain was noted over the bilateral SI joint, sacrum, coccyx, and especially ischial bursae, and piriformis muscles. Lumbar spine pain was also noted upon extension. The MRI of the lumbar spine dated 01/23/2015 shows early degenerative disc disease at L5 - S1. While the patient continues to have chronic pain despite multiple procedures, the requested ganglion impar block is considered experimental and investigational. There is currently lack of evidence that this procedure can be helpful. The request IS NOT medically necessary.

Ischial bursa pair under fluoro guidance, series of 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation eMedicine, emedicine.medscape.com/article/1267823-overview.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter on Injections with Anesthetics and/or steroids.

Decision rationale: The patient presents with low back pain. The physician is requesting ISCHIAL BURSA PAIR UNDER FLUORO GUIDANCE, SERIES OF 3. The patient is status post-bilateral radiofrequency thermocoagulation at L4, L5, and L5 dorsal ramus and S1 medial branch nerves. The RFA was not made available for review. The patient is currently working part time. The ODG Guidelines under the Pain Chapter on Injections with Anesthetics and/or steroids states, "Consistent with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work, repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work." The records do not show any previous ischial bursa pair under fluoro guidance injection. MRIs or Xrays of the ischium were not available. It would appear that the treater just wants to inject wherever there is pain, and with injections, the patient reports 50% reduction of pain. However, none of the injections is really helping the patient overall, as the pain shifts here and there without overall improvement. Now the treater wants to inject the ischial bursa to treat gluteal pain. First, the use of fluoroscopy would not be indicated, as ischial injection is a simple office procedure. Second, it is unlikely that this injection will help the patient. It would appear that the patient has had enough procedures done and the clinical presentation does not show primary ischial pain. The request IS NOT medically necessary.