

Case Number:	CM13-0013515		
Date Assigned:	10/11/2013	Date of Injury:	04/09/2010
Decision Date:	02/14/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of Evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 62 year-old, male with a 4/09/2010 injury date. He is diagnosed with low back pain; lumbar radiculitis; and lumbar stenosis. The IMR application shows a dispute with the 8/15/13 UR decision from [REDACTED]. The 8/15/13 UR letter is for denial of Percocet and Soma with an incomplete prescription, and for a right SI joint injection with US guidance. The UR denial was based off of the 3/25/13 medical report from [REDACTED]. The UR letter stated that the most current report they had available was dated 3/25/13. For this IMR I have been provided notes from [REDACTED] from 7/25/13 and 6/27/13. The 7/25/13 report states the pateint is taking Norco 10/325mg bid prn, but the treatment plan shows "Percocet increased to TID PRN" and Soma BID PRN, discontinue Robaxin. and "will have staff get auth for SI joint injection"

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

Decision rationale: The Physician Reviewer's decision rationale: The reporting is difficult to follow. On 6/27/13, it appears that the patient was switched from Norco 10/325mg bid to Percocet 10/325mg bid prn. His pain was 5-7/10 on 6/27/13. on 7/25/13 it appears that Percocet was increased to tid and the pain levels remained at 5-7/10. I am unable to determine if the Percocet has helped decrease the patient's pain level, or improved function, or improved his quality of life.

Soma: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Chapter Page(s): 29.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines guidelines, on page 29 for Carisoprodol(Soma) specifically states "Not recommended" The Chronic Pain Medical Treatment Guidelines under Muscle relaxants for pain, page 63-66 for Soma, states it is not recommended for longer than 2-3 weeks. The Soma appears to have been first prescribed on the 7/25/13 report. [REDACTED] wrote for Soma 350 mg, bid, prn, but did not specify the duration or total number of tablets. With an incomplete prescription, the unknown amount of Soma, cannot be compared to the Chronic Pain Medical Treatment Guidelines criteria. The prescription cannot be confirmed according to the records that its use is in accordance with the Chronic Pain Medical Treatment Guidelines guidelines. The request for Soma is not medically necessary or appropriate.

One sacroiliac joint injection with ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Sacroiliac Joint Blocks Chapter

Decision rationale: The Physician Reviewer's decision rationale: I could not find a reference in MTUS/ACOEM guidelines for SI joint injections. ODG guidelines were consulted. ODG has specific criteria for SI joint injections. ODG states there must be at least 3 positive exam findings for SI joint. The records show this patient only has 1 (Gaenslens). The ODG criteria has not been met, the injection is not in accordance with ODG guidelines. The request for one sacroiliac joint injection with ultrasound guidance is not medically necessary or appropriate.