

Case Number:	CM13-0030555		
Date Assigned:	01/15/2014	Date of Injury:	11/12/2004
Decision Date:	03/27/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/30/2013

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 Medicine and is licensed to practice in Texas. 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:

The patient is a 41-year-old male who reported an injury on 11/12/2004. The mechanism of injury was noted to be the patient bent over to pick up a nail and developed severe pain in the low back with spasms radiating into the right knee. The patient's medications were noted to be methadone 10 mg 2 times a day, Neurontin 600 mg 3 times a day, Robaxin 750 mg 2 to 3 times a day, and Percocet 10/325 one-half to two pills a day. The patient was noted to be on the medications since 2012. The patient was noted to have a prior sacroiliac joint injection and had partial relief of his symptoms. The patient had tenderness over the PSIS on the left greater than the right with a positive Faber test, shear test, and lateral leg lift test. The diagnoses were noted to include status post anterior interbody fusion, L5-S1 with incomplete union on 02/10/2009, possible painful lumbar instrumentation with myofascial pain syndrome, post-laminectomy syndrome lumbar, and sacroiliac joint dysfunction bilateral. The request was made for a diagnostic sacroiliac joint injection, and medication refills for Neurontin 600 mg 1 3 times a day #90 with 3 refills, Robaxin 750 mg 1 twice a day to 3 times a day #90 with 3 refills, Percocet 10/325 one every 4 hours for pain as needed #180, and the sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for one (1) bilateral sacroiliac joint injection block: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis Chapter, Sacroiliac Joint Block Section.

Decision rationale: The Official Disability Guidelines recommend repeat injections when a patient has greater than 70% pain relief for 6 weeks and there is greater than 2 months or longer between each injection. The patient had objective signs of a positive Faber test, shear test, and lateral leg lift test. However, the clinical documentation submitted for review failed to provide the date for the prior injection and there was a lack of documentation indicating the patient had at least 70% pain relief for 6 weeks. Given the above, the request for 1 bilateral sacroiliac joint injection block is not medically necessary.

The request for Neurontin 600 mg #90 with three (3) refills: Upheld

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

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

Decision rationale: The California MTUS Guidelines indicate that anti-epileptic drugs are the first line medication for the treatment of neuropathic pain and there should be documentation of objective functional improvement with the medication. The clinical documentation submitted for review failed to indicate the patient had neuropathic pain and objective functional improvement. There was a lack of documentation indicating a necessity for 3 refills for the medication without re-assessment. Given the above, the request for 1 prescription of Neurontin 600mg, #90 with 3 refills is not medically necessary.

The request for Robaxin 750 mg #90 with three (3) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines indicate that muscle relaxants are a second line option for short-term treatment of acute low back pain and generally are used for less than 3 weeks. There should be documentation of objective functional improvement. There was a lack of documentation indicating the patient had acute low back pain and there was a lack of documentation indicating a necessity for #90 with 3 refills without re-assessment. Given the above and the lack of documentation of exceptional factors to warrant non-adherence to Guideline recommendations, the request for Robaxin 750mg, #90 with 3 refills is not medically necessary.

The request for Percocet 10/325 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 60,78.

Decision rationale: The California MTUS Guidelines indicate that opiates are appropriate for the treatment of chronic pain. There should be documentation of objective increase in function, objective decrease in the VAS scores, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the patient was being monitored for aberrant drug behavior; however, there was a lack of documentation indicating the patient had an objective increase in function, and objective decrease in the VAS score. Given the above, the request for Percocet 10/325mg, #180 is not medically necessary.