MAXIMUS Federal Services

Case Number:	CM13-0030591		
Date Assigned:	11/27/2013	Date of Injury:	09/29/2005
Decision Date:	01/23/2014	UR Denial Date:	08/28/2013
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and 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 50-year-old male with a reported date of injury on 09/25/2005. The patient presented with low back pain, pain to the bilateral sacroiliac joints, cramping in the lower extremities mostly at night, left scapular region pain with the use of the left upper extremity or with cervical spine motion, diffuse tenderness in the lumbar spine, positive Gaenslen's, positive Faber's, positive distraction test, positive thrust testing, and a faire degree of anxiety and depression. The patient had no weakness, gait was normal, and sensory was intact to the upper extremities. The patient had diagnoses including chronic pain syndrome, sacroiliitis, adjustment disorder with depressed mood, benign essential hypertension, and other unspecified hyperlipidemia. The physician's treatment plan included a request for Cymbalta 60 mg #30 with 2 refills, Percocet 10/325 mg #90, Robaxin 750 mg #30 with 2 refills, and a request for 1 bilateral sacroiliac joint injection under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg, #30 with 2 refills: Upheld

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

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

Decision rationale: The California MTUS guidelines note antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The guidelines note antidepressants are recommended for patients with neuropathic pain as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. . The guidelines note antidepressants are recommended for patients with non-neuropathic pain as an option in depressed patients, but effectiveness is limited. Non-neuropathic pain is generally treated with analgesics and anti-inflammatories. Within the provided documentation, it did not appear the patient had a diagnosis of neuropathic pain. The guidelines note tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated; it was unclear if the patient had undergone treatment with a tricyclic prior to the request for Cymbalta. It was unclear if tricyclics were ineffective, poorly tolerated, or contraindicated. Therefore, the request for Cymbalta 60 mg #30 with 2 refills is neither medically necessary nor appropriate.

Percocet 10/325mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The California MTUS guidelines recommend patients utilizing opioid medication should obtain prescriptions from a single practitioner, medications should be taken as directed, and all prescriptions should come from a single pharmacy. Providers should prescribe the lowest possible dose in order to improve pain and function. Provider should conduct ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The patient reported his worst pain was 9/10, least pain was 2/10, and usual pain score was 7/10. Within the provided documentation, the requesting physician did not include adequate documentation of significant objective functional improvement with the use of the medication. Additionally, within the provided documentation, the requesting physician did not include an adequate and full assessment of the patient's pain, including the least reported pain over the period since last assessment, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Therefore, the request for Percocet 10/325 mg #90 is neither medically necessary nor appropriate.

Robaxin 750mg, #30 with 2 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): 63-66.

Decision rationale: The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Within the provided documentation, the physician noted the patient had cramping in the lower extremities, mostly at night, and Robaxin seemed to help. Within the provided documentation, it was unclear how long the patient had been utilizing the medication Robaxin. Additionally, the requesting physician did not include adequate documentation of significant objective functional improvement with the use of the medication. Therefore, the request for Robaxin 750 mg #30 with 2 refills is neither medically necessary nor appropriate.

One (1) bilateral sacroiliac joint injections under fluoroscopy: Upheld

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

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, Sacroiliac joint blocks

Decision rationale: The California MTUS guidelines and ACOEM do not specifically address sacroiliac joint injections. The Official Disability Guidelines note, the criteria for a sacroiliac joint includes: the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillett's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH)); the diagnostic evaluation must first address any other possible pain generators; the patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management; blocks are performed under fluoroscopy. The guidelines note, a positive diagnostic response is recorded as 80% for the duration of the local anesthetic. If the first block is not positive, a second diagnostic block is not performed. If steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least > 70% pain relief recorded for this period. Within the provided documentation, the requesting physician noted the patient benefited from sacroiliac injections in the past with greater than 50% relief for 4 months. The provider did not indicate whether the patient underwent a diagnostic sacroiliac joint injection or if steroids were injected during the initial injection. It was unclear if

the patient had undergone bilateral or unilateral sacroiliac joint injection. Additionally, the provider indicated the patient received greater than 50% pain relief; however, it was not indicated if the patient had 80% (if a local anesthetic was utilized) pain reduction with the initial injection or greater than 70% (if a steroid was utilized) pain reduction with the previous injection. Therefore, the request for 1 bilateral sacroiliac injection under fluoroscopy is neither medically necessary nor appropriate.