

Case Number:	CM13-0036958		
Date Assigned:	12/13/2013	Date of Injury:	05/10/2008
Decision Date:	02/13/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/22/2013

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 Internal Medicine and Cardiology, was Fellowship trained in Cardiovascular Disease, 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 64-year-old male who reported a work-related injury on 5/10/08; he was injured while working on a transmission. The patient was noted to undergo a sacroiliac (SI) joint injection bilaterally on 6/30/13. The patient's medications included Vicodin and Tramadol. The patient had a decreased range of motion in the lumbar spine with flexion and extension, as well as localized tenderness to palpation in the right SI joint. The diagnoses included lumbar radiculopathy, and SI backache.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for Tramadol 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 78, 82, 93-94, 113.

Decision rationale: The California MTUS states that central analgesics drugs such as Tramadol (Ultram[®]) are reported to be effective in managing neuropathic pain, but they are not recommended as first-line oral analgesics. The California MTUS recommends that there should

be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. Clinical documentation submitted for review failed to document the 4 A's for ongoing management. Additionally, there was a lack of documentation of the quantity of medication being requested. The request as submitted is not medically necessary.

request for Vicodin ES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 75, 78.

Decision rationale: The California MTUS guidelines recommend short acting opioids such as Vicodin for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. Clinical documentation submitted for review failed to provide documentation of the 4 A's. Additionally, it failed to provide the quantity and strength of the medication being requested. The request as submitted is not medically necessary.

request for 60 Flector patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: The California MTUS Guidelines indicate that nonsteroidal anti-inflammatory agents are used in the treatment of osteoarthritis pain in joints that lend themselves to topical treatment, including the ankle, elbow, foot, hand, knee, and wrist. They have not been evaluated for the treatment of the spine, hip, or shoulder. Clinical documentation submitted for review failed to indicate the efficacy of the requested medication. Additionally, it failed to indicate which body part the Flector patches were being prescribed for. Given the above, the request is not medically necessary.

request for a follow-up with [REDACTED] for a right sacroiliac (SI) joint steroid injection:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: The Official Disability Guidelines indicate that the patient should have documentation of three positive exam findings including three of the following: a cranial shear test, extension test, flamingo test, Fortin finger test, Gaenslen's test, Gillet's test, Patrick's test, Faber test, pelvic compression test, Pelvic Distraction Test, Pelvic Rock Test, Resisted Abduction Test, Sacroiliac Shear Test, Standing Flexion Test, Seated Flexion Test; or a Thigh Thrust Test. Additionally, there should be documentation that the patient, in the therapeutic phase, has received at least greater than 70% pain relief for six weeks. Clinical documentation submitted for review indicated the patient had a previous SI joint injection bilaterally on 6/3/13; however, it failed to provide documentation of the efficacy and functional benefit of the requested injection. The patient was noted to have tenderness to the right SI joint and there was a lack of documentation of signs and symptoms of SI joint dysfunction. Given the above, the request for with [REDACTED] for right SI joint steroid injection is not medically necessary.