MAXIMUS Federal Services

Case Number:	CM13-0038028		
Date Assigned:	06/09/2014	Date of Injury:	11/19/2003
Decision Date:	08/12/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/24/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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/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 injured worker is a 44-year-old male with a reported date of injury on 11/19/2003. The injury reportedly occurred when the injured worker lifted a heavy box of tools and developed left sided low back and lower extremity pain. His diagnoses are noted to include status post lumbar fusion L5-S1, chronic pain syndrome, lumbar radiculopathy, and left sacroiliac dysfunction. His previous treatments were noted to include medications and a home exercise program, surgery, physical therapy and lumbar epidural steroid injections. The progress note dated 03/24/2014 revealed the injured worker complained of low back pain that radiated to the left lower extremity rated 7/10 on the pain scale. The injured worker revealed he had an increase in cramping and pain into the left thigh region. The physical examination to the lumbar spine revealed decreased sensation in the L4 and L5 dermatomes on the left and motor examination was limited by pain. The examination revealed tenderness to palpation over the left sacroiliac region. There was a positive Fortin's test on the left, positive Gaenslen's test, positive compression and distraction tests on the left. The Request for Authorization form dated 08/26/2013 was for docusate/sennosides 50/8.6 mg #60 due to opioid constipation, Norco 10/325 mg #180 with 2 refills due to pain, and a sacroiliac injection for therapeutic and diagnostic purposes due to multiple positive examination findings of sacroiliac dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, #180 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009), Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #180 with 2 refills is not medically necessary. The injured worker has been utilizing this medication since at least 08/2013. The injured worker indicated the medications were helping with his pain level by about 60% and allowing for an increased level of function. The urine drug screen was performed 03/21/2013 and was positive for Norco, which is consistent with prescription therapy. There is evidence of significant pain relief, consistent urine drug screens, improved function; however, there were no adverse effects with the use of the medications noted. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Docusate/Sennosides 50/8.6 mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating therapy Page(s): 77.

Decision rationale: The request for docusate/sennosides 50/8.6 mg #60 is not medically necessary. The injured worker has been utilizing this medication since at least 08/2013. The Chronic Pain Medical Treatment Guidelines recommend prophylactic treatment of constipation should be initiated when initiating opioids. The injured worker has been utilizing this medication for chronic opioid constipation; however, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

(1) Left Sacroiliac Joint Injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis, Sacroiliac joint blocks.

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, Sacroiliac joint blocks.

Decision rationale: The request for 1 left sacroiliac joint injection is medically necessry. The injured worker has positive Fortin's test on the left, Gaenslen's test, positive compression and distraction tests on the left, and has failed physical therapy, home exercise, and medication management. The Official Disability Guidelines recommend sacroiliac joint blocks as an option if failed at least 4 to 6 weeks of aggressive conservative therapy. Sacroiliac dysfunction is

poorly defined and the diagnoses is often difficult to make in the presence of other low back pathology (including spinal stenosis and facet arthropathy). The diagnosis is also difficult to make as pain symptoms may depend on the region of the sacroiliac joint that is involved (anterior, posterior, and/or extra-articular ligaments). Pain may radiate into the buttock, groin, and entire ipsilateral lower limb, although if pain is present above L5 it is not thought to be from the sacroiliac joint. The guidelines criteria for the use of sacroiliac blocks is the history and physical should suggest a diagnosis (with documentation of at least 3 positive exam findings). The diagnostic evaluation must first address any other possible pain generators. The patient has had and failed at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercise, and medication management. Blocks are performed under fluoroscopy. 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. The documentation provided indicated the injured worker had a positive Fortin's test, Gaenslen's test, compression and distraction tests to the left side, and has failed conservative treatment. Therefore, the request is medically necessary.