

Case Number:	CM13-0054424		
Date Assigned:	12/30/2013	Date of Injury:	09/17/2008
Decision Date:	03/21/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/19/2013

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 Management and is licensed to practice in Florida. 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 37 year old female who reported an injury on 09/17/2008. The mechanism of injury was not specifically stated. The patient is diagnosed with recurrent disc herniation, status post SI joint with negative diagnostic result, right hip pain, and status post microdecompressive surgery. The patient was seen by [REDACTED] on 09/10/2013. The patient reported ongoing lower back and right hip pain. Physical examination revealed tenderness to palpation over the lumbar spinous muscles and right SI joint, positive Faber testing, positive right SI joint maneuvers, and painful range of motion of the right hip. Treatment recommendations included continuation of current medications, a urine drug screen every 3 months, and a right SI joint block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325 mg #135: 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 Page(s): 74-82.

Decision rationale: The MTUS Chronic Pain Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur according to the MTUS Chronic Pain Guidelines. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain. There is no documentation of objective functional improvement. Therefore, the request for Hydrocodone/Apap 10/325mg, Qty 90 is not medically necessary and appropriate.

Urine drug screen every 3 months: 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 Page(s): 43,77,89. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain Chapter, section on Urine Drug Testing

Decision rationale: The MTUS Chronic Pain Guidelines state drug testing is recommended as an option to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification, including the use of a testing instrument. As per the clinical notes submitted, the patient's injury was over 5 years ago to date, and there is no indication of non-compliance or misuse of medication. There is no evidence that this patient falls under a high risk category that would require frequent monitoring. Therefore, the current request cannot be determined as medically appropriate. As such, the request for Urine drug screen every 3 months is not medically necessary and appropriate.

Right SI joint block: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Hip & Pelvis Chapter, section on Sacroiliac joint blocks

Decision rationale: The Official Disability Guidelines state the history and physical should suggest the diagnosis with documentation of at least 3 positive examination findings. There is no documentation of a failure to respond to 4 to 6 weeks of aggressive conservative therapy. There is also no documentation of at least 3 positive examination findings. The patient does not currently meet criteria for the requested procedure. As such, the request for Right SI joint block is not medically necessary and appropriate.