

<b>Case Number:</b>	CM13-0056364		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/04/2001
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 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 with a date of injury of 12/04/2001. The listed diagnoses per [REDACTED] are: 1. Lumbago. 2. SI joint pain, right more than left. 3. Lumbar myofascial pain. 4. Lumbar spondylosis. 5. Depression. 6. Anxiety. 7. Chronic pain syndrome. 8. Opioid dependence. 9. Bipolar disease. According to report dated 10/21/2013 by [REDACTED], the patient presents with chronic back pain and SI joint pain. It is noted the patient is doing well, and her pain level is about 4/10 since last visit. Patient states the colder weather aggravated the SI joint pain bilaterally and would like to get an injection. Patient's quality of life is satisfactory with current medication regimen. She is able to be independent with homemaking chores and self-care, exercise, walking, and caring for pets. She has no aberrant behaviors and she sleeps about 6 hours of uninterrupted sleep. She is currently using Dilaudid 2 mg for pain and Oxycodone 15 mg for breakthrough pain. She also continues to use diazepam, lorazepam 5 mg 3 times a day for anxiety, baclofen 20 mg 5 times a day for muscle spasm, Cymbalta 60 mg a day for depression, and Geodon 80 mg once a day for depression. She also uses Pennsaid 40 drops 4 times a day for the SI joint pain and back pain. The treater is requesting a refill of medication and bilateral sacroiliac joint injections to relieve the pain and improve her function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL SACROILIAC JOINT INJECTIONS:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), SI Joint Syndrome

**Decision rationale:** In this case, the treater does not provided any positive exam findings. At least three positive exam finding are required for consideration of sacroiliac joint injections. Recommendation is for denial.

**DILAUDID 2MG (2 PRESCRIPTIONS):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Page(s): 60, 61, 88, 89.

**Decision rationale:** In this case, medical records document the patient's medication regimen provides pain relief and specific functional improvement. Report from 05/06/2013 indicates the patient is slowly tapering off Dilaudid and has been on a reduced dose of narcotics. Following report notes patient is doing quite well on her current medications and there is quite a decrease in pain level from 6/10 to 2-3/10. Subsequent progress reports document decreased level of pain using a numerical scale and there is noted continued functional improvement. Treater notes medications help her be independent with self-care, home chores, exercise, walking, shopping and caring for her pets. The quality of life is satisfactory on these medications. The requested Dilaudid is medically necessary and recommendation is for approval.

**OXYCODONE IR 15MG (2 PRESCRIPTIONS):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Use of Opioids in Musculoskeletal Pain, Criteria for use of Opioid.

**Decision rationale:** In this case, medical records from 03/04/2013 to 10/21/2013 document that the patient's medication regimen provides pain relief and specific functional improvement. Report from 06/03/2013 notes patient is doing quite well on her current medications and there is a decrease in pain level from 6/10 to 2-3/10. Subsequent progress reports document decreased level of pain using a numerical scale and there is noted continued functional improvement.

Treater notes medications help her be independent with self-care, home chores, exercise, walking, shopping and caring for her pets. The quality of life is satisfactory on these medications. The requested Oxycodone is medically necessary and recommendation is for approval.