

Case Number:	CM13-0065877		
Date Assigned:	01/03/2014	Date of Injury:	05/04/2005
Decision Date:	05/22/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/16/2013

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 Occupational Medicine 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:

This is a 53-year-old female who sustained injury on 05/04/2005 with unknown mechanism of injury. The treatment so far includes microdiscectomy in 2007, lumbar fusion in 2008, spinal cord stimulator trial in 2009, and medications (Tegaderm, Senna, Rizatriptan Benzoate, Pennsaid, Nortriptyline HCL, Hydrocodone Bit/Acetaminophen, Pregabalin, Lidocaine, Flexeril, Duragesic, Flector, and baby aspirin). There were no diagnostic study reports provided in the records. A progress report dated 11/20/2013 indicates the patient presented with moderate to severe pain in low back, gluteal area, arms, legs, neck, thighs, and left shoulder. Pain radiated to the left ankle, left arm, left calf, left foot, right foot, and left thigh. The patient described the pain as an ache, deep, numbness, sharp, shooting, and stabbing aggravated by daily activities, descending stairs, sitting and standing. The patient denied relieving factors. On physical exam of the lumbar spine, there was tenderness over spinous, paraspinous, lumbar, gluteals, sacrum, and SI joint. Buttock/SI joint painful bilaterally. Patrick/Faber test positive on right and negative on left. Lumbar ROM, active painful ROM with limiting factors of pain. Rotation pain moderate. Restriction: Flexion, extension, and lateral bending moderate restriction. Sacral compression/sacral distraction, sacral PA thrust tests were positive. Lower extremity exam showed left hip/left knee/ and left ankle/foot strength decreased. Assessment/plan was sacroiliitis, failed back surgery syndrome, chronic pain due to trauma; and facet arthropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SACROILIAC JOINT, CSI: Upheld

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 & Pelvis Section

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 Chapter, Sacroiliac Joint Block Section.

Decision rationale: This is a request for right sacroiliac joint injection for a patient with chronic pain and findings on physical examination consistent with sacroiliac joint (SI) pathology. However, there are no documented complaints specific to SI joint pathology. It is not clear that the patient has failed 4-6 weeks of aggressive conservative therapy directed to the SI joint. Medical necessity is not established

DURAGESIC 25MCG #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: This is a request for Duragesic (fentanyl) patch for a patient with chronic pain involving multiple body parts from an injury suffered 5/4/05. She is taking opioids on a chronic basis. Long-term opioid use for chronic pain has not been shown to achieve positive outcomes in terms of quality of life, pain, or function. Medical records fail to establish objective improvement in pain or function attributable to chronic opioid use. Further, Duragesic is FDA-approved for chronic pain for "patients who require continuous opioid analgesia for pain that cannot be managed by other means." This indication is not established in this case. Medical necessity is not established