

Case Number:	CM14-0006034		
Date Assigned:	05/14/2014	Date of Injury:	02/04/2008
Decision Date:	07/11/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/13/2014

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:

The patient is a 38-year-old male who has submitted a claim for sacroiliitis; thoracic or lumbosacral neuritis or radiculitis; postlaminectomy syndrome, lumbar region; degeneration of lumbar or lumbosacral intervertebral disc; and chronic pain syndrome associated with an industrial injury date of February 4, 2008. The medical records from 2013-2014 were reviewed. The patient complained of bilateral sacroiliac joint pain, more on the right than the left with severity of 7-10/10. He also reports burning tingling pain and numbness radiating down the lateral legs from hips to heels with numbness and burning pain intermittently in bilateral lateral feet. There was noted relief over the left sacroiliac joint, but with steadily increased pain on the right. Physical examination showed diffuse tenderness over bilateral sacroiliac joints and paraspinal lumbar musculature with diffuse mild tenderness over the entire lumbosacral region as well. Patrick's test was severely positive bilaterally, eliciting bilateral sacroiliac joint, lumbosacral spine and ipsilateral thigh pain. Lumbar range of motion was limited. There was dysesthesia of the lateral calves and feet from knees to toes. An MRI of the lumbar spine dated April 1, 2013 revealed small disc bulge at L4-L5, disc extrusion at L5-S1 and bilateral compression of S1 nerve roots. The treatment to date has included medications, physical therapy, home exercise program, activity modification, transcutaneous electrical nerve stimulation, facet joint injection, steroid injections, lumbar spine surgery, and right sacro-iliac joint injection. The utilization review, dated December 16, 2013, denied the request for 1 repeat bilateral SI joint injections because there were no indications that the patient has undergone physical therapy or home exercise since the previous block in November 2013. In addition, the patient did not obtain >70% pain relief for 6 weeks. The request for Tramadol 50mg #240 was modified to Tramadol 50mg #173 to facilitate a weaning process and because guidelines do not recommend use of one opiate over another. Records indicate that the patient was instructed to begin weaning of the

medication because another opioid was being used. Another utilization review, dated March 19, 2014, modified the request for Tramadol 50mg #240 to Tramadol 50mg # 120 for the same. Finally, a utilization review dated April 1, 2014 denied the request for Tramadol 50mg #240 with 2 refills because there was no documentation of a return to work or other functional improvement attributable to opioid use.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE REPEAT BILATERAL SI JOINT INJECTION: 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).

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 blocks.

Decision rationale: The California MTUS states that sacroiliac joint injections are of questionable merit. In addition, ODG criteria for repeat SI block include achievement of at least >70% pain relief for at least 6 weeks after the initial injection when steroids are used. In this case, the patient received one left SI joint injection on November 11, 2013 which provided pain relief and improvement of his symptoms. Medical records state that he previously experienced more than 70% decreased in aching pain over the left SI joint, but pain began to return after two weeks. The right SI pain has been increasing. The rationale of the present request was to achieve relief of right sacroilitis and for pain relief of left sacroilitis to establish lasting reduction of overall pain. However, the patient did not have pain relief for at least 6 weeks after the initial SI injection. The guideline criteria have not been met. Therefore, the request for one repeat bilateral SI joint injection is not medically necessary.

TRAMADOL 50MG, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol.

Decision rationale: As noted on page 78-81 of the California MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In addition, there is no evidence to recommend one opioid over another. In this case, the patient has been on this medication since July 2013. Patient was also taking another opioid (Oxycodone) during this time. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. There was also no documentation of adverse effects or

aberrant drug-taking behaviors. Urine drug screening was not documented. A progress report dated March 13, 2014 states that Tramadol is not doing any good for the patient, prompting the physician to discontinue the medication. Therefore the request for Tramadol 50MG, #240 is not medically necessary.