

<b>Case Number:</b>	CM14-0015616		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	03/04/2011
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Physical Medicine & Rehabilitation 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 injured worker is a 68-year-old female who reported an injury on 03/04/2011. The mechanism of injury was not provided for review. The injured worker's treatment history included several conservative modalities to include multiple medications and injections. It was noted in 11/2012 that the injured worker underwent a shoulder injection. The injured worker was evaluated on 01/08/2014. It was documented that the injured worker had increased pain and reduced sleep quality that was responsive to medications. The injured worker indicated that she was unable to use Cymbalta, gabapentin and Celebrex as they were not authorized. Evaluation of the lumbar spine documented limited range of motion secondary to pain with a positive Faber test and tenderness to palpation over the sacroiliac joint with a positive Faber test, positive Gaenslen's sign, and no limited range of motion. The injured worker's diagnoses included knee pain, hip pain, low back pain, sacroiliac pain, and post lumbar laminectomy syndrome. A request was made for an additional sacroiliac joint injection and a refill of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) LEFT SIDED S1 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, Hip & Pelvis (Acute & Chronic).

**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 Chapter, Sacroiliac Blocks.

**Decision rationale:** The California Medical Treatment Utilization Schedule does not address sacroiliac joint injections. The Official Disability Guidelines recommend repeat sacroiliac joint injections if there is a documentation of at least 70% pain relief for 6 weeks. The clinical documentation submitted for review did not clearly address a quantitative assessment of pain relief resulting from the prior injection. Additionally, duration of treatment of greater than 6 weeks was not provided within the documentation. Although the patient does have ongoing sacroiliac joint symptoms, an additional injection would not be supported. As such, the requested 1 left-sided SI joint injection is not medically necessary or appropriate.

**90 GABAPENTIN 300 MG:** 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 Medications for Chronic Pain and Anti-epilyptics Page(s): 60, 16.

**Decision rationale:** The requested 90 gabapentin 300 mg is not medically necessary or appropriate. The California The California Medical Treatment Utilization Schedule recommends anti-convulsants as a first line medication in the management of chronic pain. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for at least 1 year. It is noted within the documentation that the injured worker does receive functional benefit. However, California Medical Treatment Utilization Schedule recommends a quantitative assessment of pain relief of at least 30% and specific functional improvement related to medication usage be documented to support ongoing use of medications used in the management of chronic pain. The clinical documentation submitted for review fails to provide a quantitative assessment of pain relief or specific functional benefit relating to this medication. Furthermore, the request as it is submitted does not specifically identify frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the request for Gabapentin 300mg #90 is not medically necessary or appropriate.