

<b>Case Number:</b>	CM14-0138584		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	11/17/1988
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 59 year old male who sustained a work injury on 11-17-88. Office visit on 8-12-14 notes the claimant has low back pain with radiation got both legs with burning, numbness and tingling. He has increased pain in the right leg. The worst pain is present in the sacroiliac joint area. The claimant rates his pain as 5-7/10. He notes that medications are not controlling his pain. He is taking 390 morphine equivalents per day. He agreed to decrease his Methadone to three times a day. He requests medication changes noting that his current medications are not strong enough or lasts long enough. The claimant is status post numerous back surgeries to include L3 to S1 fusion with the most recent one done in 2000.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) bilateral sacroiliac joint arthrogram:** 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 (ODG) Hip and pelvis chapter - arthrography

**Decision rationale:** ODG reflects that arthrography is recommended for suspected labral tears. Arthrography gains additional sensitivity when combined with CT in the evaluation of internal derangement, loose bodies, and articular cartilage surface lesions. (Colorado, 2001) Magnetic resonance (MR) arthrography has been investigated in every major peripheral joint of the body, and has been proven to be effective in determining the integrity of intraarticular ligamentous and fibrocartilaginous structures and in the detection or assessment of osteochondral lesions and loose bodies in selected cases. There is an absence in documentation noting that there is suspicions that this claimant has a labral tear. His physical exam and complains does not point to the sacroiliac joint but rather residuals from his surgeries. Therefore, the medical necessity of this request is not established as medically indicated.

**Methadone HCL 10mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - opioids

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG notes that ongoing use of opioids require ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). There is an absence in documentation noting that the claimant has functional improvement with this medication. Quantification of improvement, if any, or any documentation that this medication improves psychosocial functioning. This claimant reports worsening of symptoms and he is on 390 miliequivalent morphine a day. This exceeds current treatment guidelines. Therefore, the medical necessity of this request is not established.

**C2 Cream (Ketamine 10%, Baclofen 2%, Cyclobenzaprine 2%, Flurbiprofen 10%, Gabapentin 6%, Orphenadrine 5%, Tetracaine 2%) 240gm:** 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 topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - topical analgesics

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG reflect that these medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is an absence in documentation noting that this claimant cannot tolerate oral medications or that he has failed first line of treatment. Therefore the medical necessity of this request is not established.