

Case Number:	CM14-0156549		
Date Assigned:	09/26/2014	Date of Injury:	02/25/2002
Decision Date:	10/27/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/24/2014

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, has a subspecialty in Pain 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 injured worker is a 60-year-old male who reported an injury on 02/25/2002. The mechanism of injury was a fall. The diagnoses included generalized anxiety disorder, somatic symptom disorder with predominant pain, opioid use disorder, insomnia disorder, sedative hypnotic related disorder, erectile disorder, multilevel degenerative disc disease of the lumbar spine, bilateral knee arthropathy, and unspecified personality disorder. The past treatments have included a spinal cord stimulator, aqua therapy, and lumbar epidural steroid injections at the bilateral L5-S1. A lumbar CT, dated 07/26/2013, revealed severe degenerative disc disease at L4-5, 5 mm retrolisthesis of L4 on L5 with slight spinal stenosis, severe degenerative disc disease at L5-S1, 4 mm retrolisthesis of L5 on S1, with 4 mm left paracentral marginal spur causing compression of the left anterior aspect of the thecal sac, but did not appear to affect the L5 or S1 roots. Urine drug screenings were provided from 03/2014 and 05/2014, both were positive for THC. An oral fluid drug screening collected on 07/11/2014, was negative for all prescribed medications. The AME psychiatric evaluation, dated 05/27/2014, noted the injured worker complained of pain to his left knee rated 10/10, pain to his low back rated 10/10, and pain to his right thigh and right leg rated 8/10 to 10/10. A physical exam was not provided. No further clinical notes were provided. The medications included, "oxymorphone (Dilaudid)" 40 mg ER twice a day for pain, oxycodone 30 mg 3 times a day, Celebrex 200 mg twice a day, Fentora 400 mg twice a day, Flexeril 10 mg 2 tablets twice a day, Lunesta, Flector patches, Aciphex as needed, and a laxative. It was recommended the injured worker have access to antidepressant medication as needed, and a functional capacity evaluation to determine his ability to return to work. The Request for Authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxymorphone HCL ER (extended release) 40mg #60: 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): 76-77, 93.

Decision rationale: The decision for oxymorphone HCL ER 40mg #60 is not medically necessary. The injured worker had pain rated 8-10/10 to multiple sites. The injured worker was prescribed oxymorphone in the form of Opana since as early as 03/01/2012, and was stopped in 04/2012 due to side effects. It is unclear if the current medications included oxymorphone or Dilaudid. The California MTUS Guidelines recommend extended release opioids for treatment of continuous pain, after reasonable alternatives to treatment have been tried. Prior to initiation, it is recommended that the patient set goals with the continued use of opioids being contingent upon meeting these goals. Baseline functional measures should be made including, the psychosocial, physical, and daily work activity using a validated scale. Urine drug screening for the use of illegal drugs should be performed. Adverse side effects and aberrant drug taking behaviors should also be assessed. Oxymorphone ER is not intended for as needed use. An oral fluid drug screening on 07/11/2014, was negative for all prescribed medications. There is no clinical note provided addressing the drug screening. It is unclear if the injured worker had been taking oxymorphone as documented. The guidelines note, opioids should be discontinued if there is no overall improvement, continued pain with adverse side effects, decrease in function, resolution of pain, non-adherence, evidence of illegal activity or inconsistency between the complaint of pain and the presentation. Without further explanation of the previous drug screening, the injured worker appears to be non-adherent to the medication regimen, and with pain scores of 8-10/10, there appears to be no improvement of pain. There is no documentation provided from the pain management physician. There is no documentation provided from the orthopedic physician. It is unclear if the injured worker is prescribed oxymorphone or Dilaudid. Additionally, the frequency intended for use was not provided to determine medical necessity. Given the previous, the use of oxymorphone is not indicated or supported at this time. Therefore, the request is not medically necessary.

(1) Sacroiliac 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), 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) Hip & Pelvis, Sacroiliac joint blocks.

Decision rationale: The request for one (1) sacroiliac joint injection is not medically necessary. The injured worker had a complaint of low back pain with right thigh and right leg pain rated 8-10/10. The lumbar CT, dated 07/26/2013, noted no L5 or S1 root impingement. The Official Disability Guidelines recommend sacroiliac joint injections when at least 3 physical exam findings indicate sacroiliac dysfunction, other possible pain generators have been assessed, and at least 4 to 6 weeks of aggressive conservative therapy, including physical therapy, home exercise, and medication management, have failed. A physical exam was not provided for review. There is a lack of documentation of failure of 4 to 6 weeks of aggressive conservative therapies. There is a lack of assessment of other possible pain generators. Due to the lack of documentation of sacroiliac dysfunction, the use of a sacroiliac joint injection is not indicated or supported at this time. Therefore, the request is not medically necessary.