

Case Number:	CM14-0029451		
Date Assigned:	06/20/2014	Date of Injury:	09/11/2009
Decision Date:	07/17/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/07/2014

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 Occupational Medicine, 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:

The injured worker is a 58-year-old injured on September 11, 2009 due to undisclosed mechanism of injury. Current diagnoses included chronic low back pain status post anterior fusion, status post left knee second revision arthroplasty, and lumbar radiculopathy. Clinical note dated February 20, 2014 indicated the injured worker continued to experience constant left knee pain status post-surgical intervention. The injured worker completed post-operative physical therapy with improvement; however, continued to complain of low back pain radiating down bilateral lower extremities and numbness on bilateral anterior thighs and tingling/itching sensation to the bottom of the right foot. The injured worker rated her pain 6-7/10 on the visual analogue scale (VAS). The injured worker reported Lyrica was significant for reduction in pain in the legs pain. The injured worker underwent bilateral S1 transforaminal epidural steroid injection on May 13, 2013 with a 50% reduction in low back and leg pain lasting approximately four weeks. The injured worker was recommended a trial of left sacroiliac joint injection. Objective findings included tenderness to palpation of the lumbar paraspinal muscles, diminished sensation to light touch through lateral aspect of right upper leg and medial aspect of the left lower leg, patellar reflex 2/4 on right and absent on left, positive seated leg raise on the left, large left anterior knee scar. Current medications included oxycontin 30mg three times daily, oxycodone 10mg every four to six hours, Robaxin 750mg every eight hours, and Lyrica 75mg twice daily. The initial request for one trial left sacroiliac joint injection, one prescription of oxycodone 10mg #180, one prescription of Robaxin 750mg #60, and one prescription of Lyrica 75mg #60 was initially non-certified on February 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE TRIAL LEFT SACROILIAC JOINT INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Hip and Pelvis Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, sacroiliac joint injections are not recommended for treatment of acute low back pain including low back pain thought to be sacroiliac joint related; subacute or chronic non-specific low back pain, including pain attributed to the sacroiliac joints, but without evidence of inflammatory sacroiliitis (rheumatologic disease). Sacroiliac joint injections are not recommended for treatment of any radicular pain syndrome. Sacroiliac joint diagnostic injections with topical anesthetic are not recommended. The clinical documentation clearly indicates objective findings significant for radiculopathy. The request for one trial left sacroiliac joint injection is not medically necessary or appropriate.

ONE PRESCRIPTION OF OXYCODONE 10MG, 180 COUNT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 77.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. The clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics, nor does it establish the efficacy of narcotics. The request for one prescription of oxycodone 10mg, 180 count, is not medically necessary or appropriate.

ONE PRESCRIPTION OF ROBAXIN 750MG, SIXTY COUNT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Muscle relaxants (for pain) Page(s): 63.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the two to four week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. The request for one prescription of Robaxin 750mg, sixty count, is not medically necessary or appropriate.

ONE PRESCRIPTION OF LYRICA 75MG, SIXTY COUNT: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy, postherpetic neuralgia, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. The clinical documentation establishes the presence of objective findings consistent with neuropathy. The request for one prescription of Lyrica 75mg, sixty count, is medically necessary and appropriate.