

<b>Case Number:</b>	CM14-0031448		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	03/11/2003
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Internal Medicine, Pulmonary Diseases 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 reported an injury on 03/11/2003. The mechanism of injury was not provided. Current diagnoses include low back pain and sacroiliac pain. The injured worker was evaluated on 01/23/2014. The injured worker reported an increase in lower back pain with poor sleep quality. Current medications include tramadol hydrochloride 50 mg. Physical examination revealed limited lumbar range of motion, muscle spasm, tenderness with tight muscle banding, trigger points, positive FABER testing, tenderness over the bilateral SI joints, positive Gaenslen's testing, 4/5 motor strength on the right, and decreased sensation over the lateral foot and lateral calf on the right. Treatment recommendations included an increase in tramadol from 3 tablets per day to 4 tablets per day and request for a right SI joint injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **THE REQUEST FOR PRESCRIPTION OF TRAMADOL HCL 50MG, #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the injured worker has utilized this medication since 11/2013. Despite ongoing use, the injured worker reports an increase in pain with poor sleep quality and activity limitation. It is also noted the injured worker stated that Tramadol was less effective at pain control than Norco. There is also no frequency listed in the current request. Therefore, the request for prescription of Tramadol HCL 50mg #120 is not medically necessary and appropriate.

**THE REQUEST FOR ONE RIGHT SI JOINT INJECTION:** 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 & Pelvis chapter, Sacroiliac Joint Block.

**Decision rationale:** Official Disability Guidelines state prior to a sacroiliac joint block, a history and physical should suggest the diagnosis with documentation of at least 3 positive examination findings. There should also be documentation of a failure to respond to at least 4 to 6 weeks of aggressive conservative therapy. As per the documentation submitted, the injured worker has been previously treated with SI joint injections on 03/26/2013 and 10/22/2013. Although the injured worker reported a decrease in pain level and improvement in function, there was no objective evidence of improvement. There is also no mention of an exhaustion of 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercise, and medication management. Based on the aforementioned points, the injured worker does not meet criteria for the requested procedure. Therefore, the request for on right S1 joint injection is not medically necessary and appropriate.