

Case Number:	CM14-0069295		
Date Assigned:	07/14/2014	Date of Injury:	04/20/2002
Decision Date:	09/15/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/14/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

This case involves a 50 year old male with date of injury of 04/20/02. The requested for authorization dated 04/01/2014 is for extension to fusion to indicate arthrodesis & fixation of bilateral Sacroiliac Joints, Doral 15mg #60, Norco 10/325mg #240, and Flurbiprofen 120gm tube x 2. The injured worker's subjective findings include pain over bilateral sacroiliac joints, pain aggravated by bending, twisting, and direct pressure. The objective findings include lumbar spine incision well healed, positive exquisite tenderness bilateral sacroiliac joints, positive FABER, positive Patrick, and decreased range of motion secondary to pain. His current diagnosis is lumbar discopathy with disc displacement and stenosis and lower leg joint pain. Treatment to date includes medications, including ongoing treatment with Doral since at least 10/31/13, Anaprox, Colace, Norco, Paxil, Prilosec, and Flurbiprofen cream. Regarding the extension to fusion to indicate arthrodesis & fixation of bilateral Sacroiliac Joints, there is no documentation of diagnosis confirmed by pain relief with intra-articular sacroiliac joint injections under fluoroscopic guidance. Preoperative general health and function assessed, and medical records including plain radiographs have been reviewed retrospectively to determine the clinical and radiographic outcome. Regarding the request for Doral 15mg #60, there is no documentation of the intention to treat over a short course and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Doral use to date. Regarding the request for Norco 10/325mg #240, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date.

Regarding the request for Flurbiprofen 120gm tube x 2, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment, the intention to treat over a short course, failure of an oral NSAID, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Flurbiprofen use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension to fusion to indicate arthrodesis & fixation of bilateral Sacroiliac Joints.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Sacroiliac Joint Fusion.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Hip & Pelvis, Sacroiliac joint fusion.

Decision rationale: The MTUS does not address this issue. Official Disability Guidelines (ODG) identifies documentation of post-traumatic injury of the sacroiliac joint OR the following criteria: failure of non-operative treatment; chronic pain lasting for years; diagnosis confirmed by pain relief with intra-articular sacroiliac joint injections under fluoroscopic guidance; positive response to the injection noted; and recurrence of symptoms after the initial positive. Preoperative general health and function assessed, and medical records including plain radiographs have been reviewed retrospectively to determine the clinical and radiographic outcome to support the medical necessity of sacroiliac joint fusion. Within the medical information available for review, there is documentation of diagnoses of lumbar discopathy with disc displacement and stenosis and lower leg joint pain. In addition, there is documentation of failure of non-operative treatment, chronic pain lasting for years. However, there is no documentation of diagnosis confirmed by pain relief with intra-articular sacroiliac joint injections under fluoroscopic guidance, such as positive response to the injection noted, and recurrence of symptoms after the initial positive. Therefore, based on guidelines and a review of the evidence, the request for Extension to fusion to indicate arthrodesis & fixation of bilateral Sacroiliac Joints is not medically necessary.

Doral 15mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4

weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar discopathy with disc displacement, stenosis and lower leg joint pain. However, given documentation of ongoing treatment with Doral since at least 10/31/13, there is no documentation of the intention to treat over a short course of up to 4 weeks. In addition, given documentation of ongoing treatment with Doral, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Doral use to date. Therefore, based on guidelines and a review of the evidence, the request for Doral 15mg #60 is not medically necessary.

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar discopathy with disc displacement and stenosis and lower leg joint pain. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Norco, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #240 is not medically necessary.

Flurbiprofen 120gm tube x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (e.g. ankle, elbow, foot, hand, knee, and wrist) and short-term use of 4-12 weeks, as criteria necessary to support the medical necessity of topical non-steroidal anti-inflammatory drugs (NSAIDs). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Official Disability Guidelines (ODG) identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs and used as second line treatment, as criteria necessary to support the medical necessity of topical NSAIDs. Within the medical information available for review, there is documentation of diagnoses of lumbar discopathy with disc displacement and stenosis and lower leg joint pain. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (e.g. ankle, elbow, foot, hand, knee, and wrist) and the intention to treat over a short course of 4-12 weeks. In addition, given documentation of ongoing treatment with Anaprox, there is no documentation of failure of an oral NSAID. Furthermore, given documentation of ongoing treatment with Flurbiprofen, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Flurbiprofen use to date. Therefore, based on guidelines and a review of the evidence, the request for Flurbiprofen 120gm tube x 2 is not medically necessary.