

<b>Case Number:</b>	CM14-0081367		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	02/25/2002
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 & Rehabilitation 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 59-year-old male who reported an injury on 02/25/2002 due to repetitive lifting while performing normal job duties. The injured worker reportedly sustained an injury to his low back, cervical spine, and right shoulder. The injured worker's treatment history included physical therapy, injection therapy, surgical intervention, a home exercise program, aquatic therapy, and psychological support. The injured worker was regularly monitored with urine drug screens. The injured worker was evaluated on 04/10/2014. The injured worker's medications were noted to be oxymorphone 40 mg, Fentora 400 mcg, Aciphex 20 mg, Celebrex 200 mg, Flector patches 1.3%, Testim 1% cream, Promolaxin 100 mg, and Nuvigil 250 mg. The injured worker reportedly had a pain score of 6/10-7/10 with multiple body part complaints. Objective findings included tenderness to palpation over the sacroiliac joints with restricted range of motion of the cervical spine and 4+/5 weakness in left ankle dorsiflexion. It was noted that the injured worker had sensory deficits in the left lower extremity. The injured worker's diagnoses included multilevel lumbago with bilateral radiculopathy, status post spinal cord stimulator implantation, sacroiliac joint and facet joint arthropathy, myofascial syndrome, reactive insomnia, depression and anxiety, left knee arthropathy status post surgical intervention, right shoulder arthropathy and recent fall and injury of the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 30mg #270:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, page(s) 78 Page(s): 78.

**Decision rationale:** A request was made for a refill of medications. However, the clinical documentation submitted for review fails to identify a reduction in pain score resulting from medications. Additionally, there is no documentation of increased functional benefit secondary to medication usage. Therefore, continued use would not be indicated. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested oxycodone 30 mg #270 is not medically necessary or appropriate.

**Klonopin (unknown #):** 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 Page(s): 24.

**Decision rationale:** The requested Klonopin, unknown number, is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend short courses of benzodiazepines to assist with anxiety related symptoms. However, the request as it is submitted does not specifically identify a dosage or frequency of treatment. Therefore, the efficacy and safety of the requested medication cannot be determined. As such, the requested Klonopin, unknown number, is not medically necessary or appropriate.

**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- Sacroiliac Disability Guidelines, Pain (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 and Pelvis Chapter, Sacroiliac Joint Blocks.

**Decision rationale:** The requested sacroiliac joint injection is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines recommend sacroiliac joint injections for patients who have had 4-6 weeks of aggressive conservative therapy, but has failed to resolve the injured worker's symptoms and well documented orthopedic findings of sacroiliac joint dysfunction. The clinical documentation does indicate that the injured worker has bilateral sacroiliac joint tenderness and pain. It is noted that orthopedic tests identified sacroiliac joint dysfunction. However, the type of

testing and specific outcomes was not provided. Additionally, there is no documentation that the injured worker has had any recent aggressive physical therapy or conservative treatment directed towards the sacroiliac joint region. As such, the requested sacroiliac joint injection is not medically necessary or appropriate.