

<b>Case Number:</b>	CM14-0083781		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/26/1988
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 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 patient is a 62 year old male who was injured on 08/26/1988. The mechanism of injury is unknown. Prior treatment history has included left SI injections which have decreased his pain by 70% and right SI injections with temporary improvement of 50/60%; these have allowed for increased functional improvement for 4 months. His past medications as of 05/07/2014 included MS-Contin 30 mg, Robaxin 750 mg, Percocet 10/325 mg, Topamax bid and Prilosec 20 mg. A Urine Drug Screening (UDS) dated 04/09/2014 revealed consistent results for medications prescribed including MS-Contin, Norco, and Percocet. Progress report dated 05/07/2014 documented the patient to have complained of back pain rated as 8-9/10 with activity. He has associated aching, burning, and stabbing in the low back and bilateral SI area. The pain reportedly radiates down the left leg to the foot with muscle spasms. He noted with his medications, he is able to continue with home exercise program and activities of daily living including providing self-care. He does report GI upset and utilizes Prilosec 20 mg. Without medications, his pain is rated as 8-9/10 and with medications; his pain is 6/10. On exam, Faber's test is positive bilaterally; left greater than right. He has pain with in bilateral groin with internal and external raotin of the bilateral hips. There is moderate tenderness to palpation of the lumbar paraspinals. He has positive Gaenslen's test bilaterally. He is diagnosed with lumbar radiculopathy; chronic low back pain, medication induced gastritis; status post lumbar fusion; status post cervical fusion; history of substance abuse and sacroiliitis bilaterally. The patient has been recommended for repeat left SI injection; continue medications including Robaxin 750 mg #120; Prilosec 20 mg #60 and patient were instructed to follow-up in a month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen QTY 10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Guidelines for the Chronic Use of Opioids Page(s): 3.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing.

**Decision rationale:** According to the MTUS and the ODG guidelines, urine drug testing is recommended to monitor for medication adherence and aberrant behavior with the frequency and timing dependent on risk of abuse or aberrant behavior. In this case the patient is on chronic opioid therapy with a history of drug abuse and concurrent prescriptions from 3 different providers for Percocet. Urine drug screens are recommended on the order of several times a year to monthly. The request for 10 urine drug screens is not medically necessary.

**Left sacroiliac joint injection QTY 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 9.

**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, Sacroiliac Joint Blocks.

**Decision rationale:** According to the ODG guidelines, "there is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block. If helpful, the blocks may be repeated; however, the frequency of these injections should be limited with attention placed on the comprehensive exercise program." In this case a request is made for a repeat left sacroiliac joint injection, which was originally denied by Utilization Review then subsequently approved upon a second request in June 2014. Another left SI injection is not medically necessary at this time. Such as, Left sacroiliac joint injection QTY 1 is not medically necessary.

**Percocet 10/325 mg QTY 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 1) When to Discontinue Opioids 2) Weaning of Medication Page(s): 1) 79-81, 2) 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ; Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain chapter, Percocet.

**Decision rationale:** According to the MTUS guidelines, Opioids may be recommended for moderate to severe pain. Efficacy of long-term opioid use for non-malignant pain is not clearly established. In this case a request is made for Percocet for a 62-year-old male with chronic back and hip pain taking MS Contin and Percocet on a long-term basis. Despite reports of subjective improvement in pain and function due to medications, history and examination findings do not demonstrate clinically significant functional improvement over time. There has not been a reduction in the dependency on medical care. The patient is prescribed Percocet from 3 different providers. Such as, Percocet 10/325 mg QTY 60 is not medically necessary.

**Robaxin 750 mg QTY 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Muscle Relaxants Page(s): 63-66.

**Decision rationale:** According to the MTUS guidelines, muscle relaxants are recommended for short-term treatment of acute exacerbations of chronic low back pain. In this case the patient is prescribed Robaxin on a long-term basis for chronic back and hip pain. However, long-term use is not recommended. History and examination findings do not demonstrate exceptional circumstances. Such as, Robaxin 750 mg QTY 120 is not medically necessary.