

Case Number:	CM14-0084109		
Date Assigned:	07/30/2014	Date of Injury:	06/07/1999
Decision Date:	09/19/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	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 Physical Med & Rehab 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 46 year old male who was injured in a work-related accident on June 7, 1999. He was status post lumbar fusion with subsequent hardware removal and he had his surgeries in 2001, 2003, and 2006. In a progress note dated April 1, 2014, it was indicated that the injured worker was status post lumbar spine fusion with subsequent hardware removal. He complained of bilateral sacroiliac pain which radiated in to the right leg. He also complained of right shoulder blade pain. Objective findings to the lumbar spine included well-healed incision, tenderness over the paraspinal musculature and diminished range of motion secondary to pain. Tenderness was also noted over the bilateral sacroiliac joints and Patrick's tests were positive. Sensation was also decreased along the sacroiliac dermatome. He was recommended to continue with his current medication as well as the utilization of compounded creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doral 15 mg: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Benzodiazepines.

Decision rationale: Medical records were not able to establish if this medication is to be taken for short-term use. The evidenced-based guidelines do not recommend the long-term use of this type of medication because long-term efficacy is unproven and there is a risk for dependence. Therefore, the requested medication is not medically necessary at this time.

Norco 10/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 124.

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

Decision rationale: While there was a subjective report that medications helped, there was no documentation of ongoing monitoring of functional improvement, medication side effects, and drug-related behaviors. Therefore, the request for Norco is considered not medically necessary at this time.

Paxil 20 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation dailymed.nlm.nih.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Paroxetine (Paxil).

Decision rationale: This medication is primarily indicated for generalized anxiety disorder, social anxiety disorder, obsessive compulsive disorder, and post-traumatic stress disorder. The injured worker is not diagnosed with any of these disorders. The necessity of Paxil was not established based on the reviewed medical records. Therefore, the requested medication is not medically necessary at this time.

Prilosec 20 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDs (GI symptoms and cardiovascular risk).

Decision rationale: There was no documentation of any subjective complaints of gastrointestinal events. More so, there was no mention in the medical records that the injured

worker has significant history of peptic ulcer, gastrointestinal bleeding, or perforation. Therefore, the request for Prilosec is not medically necessary at this time.

Ultram ER 150 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram (tramadol) Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (specific drug list) Page(s): 93.

Decision rationale: The California Medical Treatment Utilization Schedule indicated that tramadol may increase the risk of seizure especially in injured workers taking selective serotonin re-uptake inhibitors, tricyclic antidepressants, and other opioids. There was also no documentation of ongoing monitoring of functional improvement, medication side effects, and drug-related behaviors. Therefore, the requested treatment is not considered medically necessary.

Cyclobenzaprine 60 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: Medical records were not able to establish if this medication is to be taken for short-term use. As per the California Medical Treatment Utilization Schedule, this medication is approved only for short-term use. Therefore, the request for cyclobenzaprine is considered not medically necessary at this time.

SI joint fixation with arthrodesis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis Sacroiliac joint fusion.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Hardware implant removal Official Disability Guidelines (ODG), Low Back, Arthrodesis Official Disability Guidelines (ODG), Low Back, Fusion (spinal).

Decision rationale: The Official Disability Guidelines provided criteria for fixation and arthrodesis, which the injured worker has not been able to fulfill based on the reviewed medical records. There was no documentation that other causes of pain have been ruled out to necessitate the need for sacroiliac joint fixation. More so, arthrodesis is indicated only for cases of neural arch defect, segmental instability, primary mechanical back pain, revision surgery for failed

previous operation, and infection, tumor or deformity. Based on the reviewed medical records, the injured worker does not have any of these conditions to support the need for surgery. Therefore, the request for sacroiliac joint fixation with arthrodesis is not medically necessary at this time.