

<b>Case Number:</b>	CM14-0095295		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	04/15/2011
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 15, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; epidural steroid injection therapy; at least two prior sacroiliac joint blocks in July and December 2012; a hip corticosteroid injection; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated June 9, 2014, the claims administrator denied a request for an SI joint block and denied a request for Talwin, an opioid agent. In a May 23, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant stated that he had had issues with blurry vision and loose stool while using Talwin. The applicant stated that several other medications had proven unsuccessful and that the current combination of Talwin and Lyrica was reducing his pain to 5/10. The applicant was apparently somewhat depressed, it was noted. An epidural steroid injection, acupuncture, Lyrica, and Talwin were sought. The applicant was given diagnoses which included facet arthralgia, lumbar radiculopathy, sacroiliac joint arthralgia, and hip arthralgia. The attending provider seemingly suggested that both an epidural steroid injection and a sacroiliac joint injection had been ordered. In an earlier note dated May 1, 2014, it was acknowledged that the applicant was not working with permanent limitations in place. It was acknowledged that the applicant was having difficulty with standing and walking tasks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right SI joint block QTY:1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment for Workers' Compensation (TWC)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The MTUS does not address the topic. However, as noted in the Third Edition ACOEM Guidelines, sacroiliac joint injections are not recommended in the treatment of chronic nonspecific low back pain, as is seemingly present here. Rather, sacroiliac joint injections, per ACOEM, should be reserved for those individuals with some rheumatologically-proven spondyloarthropathy implicating the SI joints, as, for instance, those individuals with HLA-positive B27 sacroiliac spondyloarthropathy. In this case, however, there is no evidence that the applicant has any such proven spondyloarthropathy implicating the SI joints. Rather, it appears that the claimant has nonspecific low back pain that the attending provider has alternately stated is the result of referred pain from the hip, sacroiliac joint pathology, and facet arthropathy, and/or lumbar radiculopathy. The request, thus, is not indicated both owing to the considerable lack of diagnostic clarity her as well as the unfavorable ACOEM position on the article at issue. Therefore, the request for right SI joint block qty: 1 is not medically necessary and appropriate.

**Talwin NX (unspecified dosage and quantity):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter, updated 05/15/14

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Mixed Agonist-Antagonists; When to Continue Opioids Page(s): 75; 80.

**Decision rationale:** While page 75 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that mixed agonist-antagonists such as Talwin can be employed to treat pain, in this case, however, the request in question represents a renewal request for the same. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the attending provider acknowledged that the applicant is not working and is having difficulty performing activities of daily living as basic as standing and walking, despite ongoing Talwin usage. While the attending provider has suggested that the applicant's pain scores were reduced on one occasion, this is seemingly offset by the applicant's failure to return to work and offset by the attending provider's failure to recount any material improvements of activities of daily living achieved as a result of ongoing Talwin usage. Therefore, the request for Talwin NX (unspecified dosage and quantity) is not medically necessary and appropriate.

