

Case Number:	CM14-0171937		
Date Assigned:	12/03/2014	Date of Injury:	09/08/2000
Decision Date:	01/13/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/17/2014

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 and Rehabilitation has a subspecialty Pain 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:

This is a patient with a date of injury of 9/8/00. A utilization review determination dated 10/7/14 recommends non-certification of SI joint injection. Naproxen was modified. 9/24/14 medical report identifies back and left shoulder pain. Naproxen and gabapentin are working very well and helping with sleep. Naproxen was recommended at to 2 tablets at bedtime #180 with 1 refill. On exam, there is tenderness. FABERS increased pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500 mg, #180 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, the provider notes that the medications work very well and help with sleep, although no pain scores or percentage of relief are noted. There may be an indication for ongoing use of the medication at

this time, but the request as prescribed is for at least 6 months of medication and this is not conducive to regular reevaluation for efficacy and continued need. Unfortunately, there is no provision for modification of the current request to allow for a shorter course of medication. In light of the above issues, the currently requested Naproxen is not medically necessary.

Right Sacroiliac Joint Injection under fluoroscopic guidance, moderate sedation, saline lock: 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 and Pelvis Chapter, Sacroiliac joint blocks

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip and Pelvis Chapter, Sacroiliac Blocks

Decision rationale: Regarding the request for sacroiliac joint injection, CA MTUS does not address the issue. ODG recommends sacroiliac blocks as an option if the patient has failed at least 4 to 6 weeks of aggressive conservative therapy. The criteria include: history and physical examination should suggest a diagnosis with at least three positive exam findings and diagnostic evaluation must first address any other possible pain generators. Within the documentation available for review, there is no indication of at least three positive examination findings suggesting a diagnosis of sacroiliac joint dysfunction. In the absence of such documentation, the currently requested sacroiliac joint injection is not medically necessary.