

<b>Case Number:</b>	CM14-0202073		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	05/06/2009
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Internal 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 an injured worker with lumbosacral back conditions. Date of injury was 12/11/2008. The progress report dated November 4, 2014 documented subjective complaints of bilateral low back pain. The patient is single and unemployed as a maintenance worker. The patient denies alcohol and drug abuse. He has been smoking for twenty years. Examination of the skin was within normal limits in all limbs. There is no evidence of lymphadenopathy in the groin or axillae. There are no musculoskeletal deformities. There is tenderness upon palpation of the lumbar paraspinal muscles overlying the bilateral L5-S1 facet joints. Lumbar extension was worse than lumbar flexion. Muscle girth is symmetric in all limbs. Muscle strength is 5/5 in all limbs except for left tibialis anterior and peroneus longus strengths were 4+/5. Peripheral pulses are 2+ bilaterally with normal capillary filling. There is restricted and painful range of motion in lower extremity and trunk. The patient was provided a prescription for OxyContin. The OxyContin provides 40% decrease of the patient's pain with 40% improvement of the patient's activities of daily living such as self-care and dressing. The patient's Oswestry Disability Index (ODI) score is a 33 (66% disability) with the use of OxyContin, while the patient's Oswestry Disability Index score is 40 (80% disability) without the use of the OxyContin. The patient is on an up-to-date pain contract and the patient's previous urine drug screen was consistent. The medication has no adverse effects on the patient. The patient shows no aberrant behavior with this medication. A therapeutic left sacroiliac joint injection was requested. Sacroiliac joint provocative maneuvers, including Patrick's and Gaenslen's tests, were positive on the left. There was tenderness upon palpation of the left sacroiliac joint sulcus. The patient is status post positive fluoroscopically-guided diagnostic left sacroiliac joint injection. The physician recommended a fluoroscopically-guided therapeutic left sacroiliac joint injection to treat aggravated left sacroiliac joint pain. The previous diagnostic left sacroiliac joint injection was

positive and provided 70% improvement and increased range of motion 30 minutes after the injection and lasted greater than 2 hours. The patient failed physical therapy, nonsteroidal anti-inflammatory drugs, and conservative treatments. The pain relief from the left sacroiliac joint injection on 07/18/2014 had lasted for 2 months. The patient was able to discontinue the OxyContin after the sacroiliac injection for 2 months. Diagnoses included bilateral lumbar facet joint pain, lumbar facet joint arthropathy, sacroiliac joint pain, and lumbar sprain and strain. Treatment plan was included requests for OxyContin and left sacroiliac joint injection.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left sacroiliac joint injection: Overturned**

**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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) Sacroiliac joint blocks.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) addresses injections for low back conditions. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (page 300) indicates that many pain physicians believe that diagnostic and therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Official Disability Guidelines (ODG) presents criteria for the use of sacroiliac joint blocks. Blocks are performed under fluoroscopy. If steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least > 70% pain relief recorded for this period. In the treatment or therapeutic phase, the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks. The progress report dated November 4, 2014 documented a request for therapeutic left sacroiliac joint injection. Sacroiliac joint provocative maneuvers, including Patrick's and Gaenslen's tests, were positive on the left. There was tenderness upon palpation of the left sacroiliac joint sulcus. The patient is status post fluoroscopically-guided diagnostic left sacroiliac joint injection. The physician recommended a fluoroscopically-guided therapeutic left sacroiliac joint injection to treat aggravated left sacroiliac joint pain. The previous diagnostic left sacroiliac joint injection was positive and provided 70% improvement and increased range of motion 30 minutes after the injection and lasted greater than 2 hours. The patient failed physical therapy, nonsteroidal anti-inflammatory drugs, and conservative treatments. The pain relief from the left sacroiliac joint injection on 07/18/2014 had lasted for 2 months. The patient was able to discontinue the OxyContin after the sacroiliac injection for 2 months. Medical records document that 7/18/14 sacroiliac joint injection provided 70% improvement for two months, which provide support for a repeat sacroiliac joint injection per ODG guidelines. The request for left sacroiliac joint injection is supported by medical records and ODG guidelines. Therefore, the request for Left sacroiliac joint injection is medically necessary.

**OxyContin 40mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. The progress report dated November 4, 2014 documented that the patient was provided a prescription for OxyContin. The OxyContin provides 40% decrease of the patient's pain with 40% improvement of the patient's activities of daily living such as self-care and dressing. The patient's Oswestry Disability Index (ODI) score is a 33 (66% disability) with the use of OxyContin, while the patient's Oswestry Disability Index score is 40 (80% disability) without the use of the OxyContin. The patient is on an up-to-date pain contract and the patient's previous urine drug screen was consistent. The medication has no adverse effects on the patient. The patient shows no aberrant behavior with this medication. Medical records document objective evidence of pathology. Analgesia, activities of daily living, adverse side effects, and aberrant behaviors were addressed. Medical records document regular physician clinical evaluations. Medical records provide support for the prescription of OxyContin. The request for OxyContin is supported by MTUS guidelines and medical records. Therefore, the request for OxyContin 40mg #90 is medically necessary.