

Case Number:	CM14-0211187		
Date Assigned:	12/24/2014	Date of Injury:	01/12/1995
Decision Date:	02/17/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/16/2014

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 injured worker (IW) is a 52-year-old man with a date of injury of November 12, 2001. The mechanism of injury occurred as a result of an accident involving the truck he was driving when he lost control. The injured worker's working diagnoses are lumbago; failed back surgery/post laminectomy syndrome lumbar; encounter for therapeutic drug monitoring; encounter for long-term use of other medications; cervical radiculitis; cervicgia; sacroiliitis; and type II diabetes. Pursuant to the progress note dated December 9, 2014 the IW complains of low back pain, neck pain, and radicular pain. Pain is rated 7-9/10. Examination of the cervical spine reveals tenderness on the left and right. There is painful rotation to the left and right, with extension and flexion. There is no pain to palpation over the C2 transverse processes bilaterally. Lumbar spine has normal extension. Back examination revealed tenderness to palpation over the lumbosacral spine, normal extension, pain with flexion is 70, straight leg raising was negative bilaterally, 4+ left sacroiliac joint tenderness, and a well-healed scar. The documentation indicates the IW had "a few sessions" of physical therapy in 2012. The IW did not have any acupuncture or chiropractic treatment. Current medications include Norco 10/325mg, Lyrica 150mg Lidoderm patches 5%, Motrin 800mg, and Prilosec 20mg. Documentation indicates the IW has a long history of taking multiple narcotics. The IW was taking MS Contin and Fentanyl patches as far back as 2007 and 2008 respectively. Documentation indicates the IW was approved for a 30-day inpatient hospitalization to detox off narcotics on March 8, 2008. The IW disagreed with the opinion that he had opioid addiction. It is unclear if the IW completed the detoxification. There were no detailed pain assessments in the medical record. There was no evidence of objective functional improvement associated with the ongoing use of Norco. The IW has been taking Motrin since 2009 according to documentation. There was no evidence of objective functional improvement associated with the ongoing use of Motrin. The treating physician indicates a PAR

from November 10, 2014 shows Norco 5/325mg #40 filled on October 28, 2014. The IW did not recall filling the medications. The pharmacy was called, and they confirmed the medication was filled. The IW notes she may have the medication at home, and she would look for the bottle. If he finds the bottle, he will bring it into the office. The current request is for Norco 10/325mg #120, Ibuprofen 800 mg #90, Prilosec 20 mg #60, urine drug screen, and sacroiliac block left SI joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left S1 joint injection: 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), Hip & Pelvis (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis, SI Joint Injection

Decision rationale: Pursuant to the Official Disability Guidelines (ODG), left SI joint injection is not medically necessary. The Official Disability Guidelines enumerate the criteria for use of a sacroiliac block includes a history and physical that should suggest the diagnosis as well noted attempts and failed at least 4 to 6 weeks of aggressive conservative therapy, such as physical therapy, home exercise and medication management. In this case, the injured worker's working diagnoses are lumbago; failed back surgery/post laminectomy syndrome lumbar; encounter for therapeutic drug monitoring; encounter for long-term use of other medications; cervical radiculitis; cervicalgia; sacroiliitis; and type II diabetes. Back examination was tender to palpation over the lumbosacral spine, normal extension, pain with flexion is 70 , straight leg raising was negative bilaterally, 4+ left sacroiliac joint tenderness, well-healed scar. The documentation indicates the injured worker had "a few sessions" of physical therapy in 2012. The injured worker did not have any acupuncture or chiropractic treatment the injured worker does have a long history of opiate use starting in 2007. He has taken Vicodin, morphine sulfate, Fentanyl, requested a 30 day detox treatment and continues to take opiates. In a December 2014 progress note, the injured worker exhibited drug seeking behavior with an encounter while she was hospitalized. The treating physician inquired about a Norco prescription from November 10 of 2014; however, the patient stated she didn't recall filling the medication. In addition, the documentation does not support sacroiliac block. According to the criteria, the injured worker has not had and failed at least 4 - 6 weeks of aggressive conservative therapy including physical therapy, home exercises and medication management. Consequently, absent meeting the criteria for a sacroiliac block, this request is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of painfully, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain function. In this case, the injured worker's diagnoses are lumbago; failed back surgery/post laminectomy syndrome lumbar; encounter for therapeutic drug monitoring; encounter for long-term use of other medications; cervical radiculitis; cervicgia; sacroiliitis; and type II diabetes. Back examination was tender to palpation over the lumbosacral spine, normal extension, pain with flexion is 70 , straight leg raising was negative bilaterally, 4+ left sacroiliac joint tenderness, well-healed scar. The documentation indicates the injured worker had "a few sessions" of physical therapy in 2012. The injured worker did not have any acupuncture or chiropractic treatment. The injured worker does have a long history of opiate use starting in 2007. He has taken Vicodin, morphine sulfate, Fentanyl, requested a 30 day detox treatment and continues to take opiates. The treating physician inquired about a Norco prescription from November 10 of 2014. The patient stated she didn't recall filling the medication. However the pharmacy was contacted and stated the prescription was, in fact, filled. The patient then noted she may have the prescription bottle at home. The documentation does not contain evidence of objective functional improvement during the long-term course of treatment with opiates. Additionally, the injured worker exhibited drug seeking behavior while hospitalized in November 2014. Consequently, absent clinical documentation to support the ongoing use of Norco and documentation with objective functional improvement with respect to Norco (opiates), this request is not medically necessary.

Ibuprofen 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, NSAIDs

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG), ibuprofen 800 mg #90 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose of the shortest period in patients with moderate to severe pain. See the guidelines for additional details. In this case, the injured worker's working diagnoses are lumbago; failed back surgery/post laminectomy syndrome lumbar; encounter for therapeutic drug monitoring; encounter for long-term use of other medications; cervical radiculitis; cervicgia; sacroiliitis; and type II diabetes. Back examination

was tentative palpation over the lumbosacral spine, normal extension, pain with flexion is 70 , straight leg raising was negative bilaterally, 4+ left sacroiliac joint tenderness, well-healed scar. The documentation indicates the injured worker was taking ibuprofen as far back as 2009. The documentation does not contain evidence of objective functional improvement. The guidelines recommend non-steroidal anti-inflammatory drugs at the lowest dose for the shortest period. The injured worker has been taking ibuprofen in excess of 4 to 5 years. Consequently, absent physical documentation to support the ongoing use of ibuprofen in excess of the recommended guidelines, ibuprofen 800 mg #90 is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, NSAID and GI Effects

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG), Prilosec 20 mg #60 is not medically necessary. Prilosec is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs who are at risk for certain gastrointestinal (GI) events. These risks include, but are not limited to, age greater than 65; peptic ulcer and GI bleeding; concurrent use of aspirin or corticosteroids; or high dose/multiple non-steroidal anti-inflammatory drug use. In this case, the injured worker's working diagnoses are lumbago; failed back surgery/post laminectomy syndrome lumbar; encounter for therapeutic drug monitoring; encounter for long-term use of other medications; cervical radiculitis; cervicgia; sacroiliitis; and type II diabetes. The documentation does not contain comorbid conditions or past medical history compatible with peptic ulcer disease, GI bleeding, concurrent use of aspirin, etc. Consequently, absent risk factors for gastrointestinal events, Prilosec 20 mg #60 is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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

Decision rationale: Pursuant to the Official Disability Guidelines (ODG), urine drug screen is not medically necessary. A urine drug screen is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high

risk for drug misuse or abuse. In this case, the injured worker's working diagnoses are lumbago; failed back surgery/post laminectomy syndrome lumbar; encounter for therapeutic drug monitoring; encounter for long-term use of other medications; cervical radiculitis; cervicgia; sacral ileitis; and diabetes. The medical record does not contain a risk assessment as to whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. The medical record states the urine drug screen from the prior visit is not available for review. Consequently, absent the current drug toxicology screen from the last visit, urine drug screen is not medically necessary.