

<b>Case Number:</b>	CM15-0002490		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	10/10/2001
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 pain syndrome reportedly associated with an industrial injury of October 10, 2001. In a Utilization Review Report dated December 19, 2014, the claims administrator denied a sacroiliac joint injection, Nalfon, Norflex, tramadol, Norco, a physiatry consultation, and a spine surgery consultation. The claims administrator stated that the attending provider failed to furnish a rationale which would support referral to a surgeon and a non-surgeon. The claims administrator referenced an RFA form and a progress note dated December 3, 2014 in its determination. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated December 29, 2003, the applicant was described as using Premarin, Protonix, Prozac, Desyrel, Vicodin, Soma, and Excedrin. The applicant was having difficulty performing activities of daily living as basic as standing, sitting, walking, and driving secondary to her multifocal pain complaints. The applicant was not working and had apparently enrolled in a vocational rehabilitation course, it was suggested. In a January 7, 2015 progress note, the applicant reported multifocal complaints of neck pain, low back pain, shoulder pain, and elbow pain. Stiffness and pain with cold weather were appreciated. The applicant was having difficulty doing daytime chores. The applicant was not sleeping well. The attending provider noted that his referral to a physiatrist for evaluation of possible injection had been denied, as well as a spine surgery consultation to discuss possible surgical option. The attending provider stated that the applicant had MRI imaging demonstrating multilevel degenerative disk disease in both the neck and low back. The attending provider noted that the applicant had both upper extremity and lower extremity radicular pain complaints.

The applicant was not working. The applicant was both hypertensive and diabetic, it was acknowledged. The applicant was having difficulty performing activities of daily living such as sitting, standing, walking, bending, twisting, and rotating. Norco, Nalfon, Flexeril, Prilosec, and Desyrel were endorsed. The applicant was also asked to use a TENS unit on an as-needed basis. The attending provider again stated that the applicant needed to consult a spine surgeon to ascertain whether she was or was not a surgical candidate. In a July 2, 2014 progress note, the attending provider acknowledged that the applicant was not working and was receiving both Workers Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits. The applicant received prescriptions for Norco and Flexeril on that date. The attending provider stated that the applicant's medications were allowing her to be functional but did not elaborate further. In a June 5, 2003 medical-legal evaluation, it was noted that the applicant was 39 years old as of that point in time. On December 3, 2014, the applicant reported ongoing issues with neck and low back pain. The applicant was reportedly having issues with reflux. The applicant had quit smoking some two years prior. The applicant was hypertensive and diabetic. The applicant was getting Prilosec through her personal health insurance, it was stated. The applicant was also getting Prozac and Abilify from her psychiatrist. Multiple medications were prescribed, including Norco, Nalfon, Norflex, tramadol, and Norco. It was suggested that Nalfon represented a first-time request. A spine surgery consultation and/or a physiatry consultation were endorsed, along with an SI joint injection. On November 5, 2014, the applicant was given prescriptions for Norco, tramadol, Flexeril, Protonix, and Nalfon. Once again, the attending provider acknowledged that the applicant was receiving Social Security Disability Insurance (SSDI) benefits, in addition to Workers' Compensation indemnity benefits. Multifocal complaints of neck, low back, and shoulder pain were appreciated. The applicant was having difficulty negotiating stairs, hills, inclines, squatting, and twisting, it was acknowledged.

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

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

#### **Si Joint Injection: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Sacroiliac blocks; National Clearinghouse Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, Low Back Chapter, Sacroiliac Joint Injections section: "Sacroiliac joint corticosteroid injections are recommended as a treatment option for patients with a specific known cause of sacroiliitis, i.e., proven rheumatologic inflammatory arthritis involving the sacroiliac joints. Sacroiliac injections are not recommended for treatment of acute low back pain including low back pain thought to be sacroiliac joint related; subacute or chronic nonspecific low back pain, including pain attributed to the sacroiliac joints, but without evidence of inflammatory sacroiliitis (rheumatologic disease); or any radicular pain syndrome."

**Decision rationale:** No, the proposed sacroiliac joint injection is not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the

Third Edition ACOEM Guidelines Low Back Chapter notes that sacroiliac joint injections should be reserved as a treatment option for applicants with a specific known cause of sacroiliitis, i.e., proven rheumatologic inflammatory arthritis involving the sacroiliac joints. ACOEM, Third Edition goes on to note that sacroiliac joint injections are not recommended for treatment of any chronic nonspecific low back pain or radicular pain syndrome, both of which are present here. The attending provider did not furnish any compelling applicant-specific rationale which would offset the unfavorable ACOEM position on sacroiliac joint injections in the nonspecific low back pain context present here. Therefore, the request is not medically necessary.

**Retro: Nalfon 400mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section; Antiinflammatory Medication.

**Decision rationale:** Similarly, the request for Nalfon, an antiinflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such Nalfon do represent a traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy and some discussion of medication side effects into his choice of pharmacotherapy. Here, the applicant was reporting ongoing issues with reflux and heartburn, seemingly NSAID-induced. Discontinuing Nalfon, an anti-inflammatory medication, thus, appears to have been a more appropriate option than continuing the same, given the ongoing complaints of dyspepsia, seemingly Nalfon-induced. It is further noted that ongoing usage of Nalfon has failed to effect any significant benefit or functional improvement in terms of the parameters established in MTUS 9792.20f. The applicant remains off of work. The applicant is receiving both Workers Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits. The applicant continues to report difficulty performing activities of daily living as basic as twisting, turning, standing, walking, etc. Ongoing usage of Nalfon has failed to curtail the applicant's dependence on opioid agents. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Nalfon. Therefore, the request was not medically necessary.

**Norflex 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants topic. Page(s): 63.

**Decision rationale:** While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Norflex are recommended with caution as a second-line option for short-term treatment of acute exacerbations of chronic low back pain, in this case, however, the 60-tablet supply of Norflex at issue represents chronic, long-term, and/or daily usage of the same. Such usage, however, runs counter to the philosophy espoused on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Tramadol ER 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG Treatment in Workers Compensation, 7th edition, 2011

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

**Decision rationale:** Similarly, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. 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. Here, the applicant was/is off of work. The applicant is apparently receiving both Workers Compensation indemnity and Social Security Disability Insurance benefits. While the attending provider has recounted some decrements in pain achieved as a result of ongoing opioid usage, these are, however, outweighed by the applicant's failure to return to work and the attending provider's failure to establish any material or meaningful improvements in function effected as a result of ongoing opioid therapy. The applicant's continued commentary that she is having difficulty performing activities of daily living such as standing, walking, twisting, bending, sitting performing household chores, etc., does not make a compelling case for continuation of opioid therapy. Therefore, the request was not medically necessary.

**Norco 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

**Decision rationale:** 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.

Here, the applicant was/is off of work. The applicant is receiving both Workers' Compensation indemnity and Social Security Disability Insurance (SSDI) benefits. While the attending provider did recount some reduction in pain scores achieved as a result of ongoing opioid therapy, these are, however, outweighed by the applicant's failure to return to work and the attending provider's failure to recount or establish any meaningful or material improvements in function effected as a result of the same. The applicant's continued commentary to the effect that she is having difficulty performing activities of daily living as basic as standing, sitting, walking, twisting, performing household chores, etc., does not make a compelling case for continuation of opioid therapy, particularly when taken together in the face of the applicant's failure to return to work. Therefore, the request was not medically necessary.

**Spine Surgeon Consult:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180, Chronic Pain Treatment Guidelines Part 1: Introduction section. Page(s): 1.

**Decision rationale:** As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent pain complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant was/is off of work. The applicant's pain complaints have proven recalcitrant to time, medications, physical therapy, other conservative measures, etc. Obtaining the added expertise of a physician specialized in chronic pain, such as a physiatrist was, thus, indicated. Therefore, the request was medically necessary.