

Case Number:	CM15-0132408		
Date Assigned:	07/24/2015	Date of Injury:	08/21/2008
Decision Date:	09/24/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/08/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 56-year-old female who sustained an industrial injury on 08/21/2008 resulting in injury to the low back and neck. Treatment provided to date has included: cervical laminectomy with C4-5 fusion (2009); lumbar decompression laminectomy at L2-L4 with L4-5 fusion; physical therapy; right L5-S1 facet block (04/23/2015) without significant improvement; medications (Celexa, lorazepam, Robaxin, Anaprox, Norco, Prilosec, Ultram, morphine, Neurontin, Pristiq, naproxen, tizanidine, Lexapro, Opana, Percocet and Vicodin); and conservative therapies/care. Diagnostic tests performed include: x-rays of the lumbar spine (2014 and 2015) showing multilevel degenerative changes, and no evidence of loosening or failure of hardware at L4-5; and MRI of the lumbar spine (2013) showing multilevel degenerative disc disease with spondylosis at L2-3 and L4-5, central disc protrusion at L2-3 with mild to moderate spinal stenosis, and marrow edema involving posterior elements of L4 and L5 possibly representing stress reaction related to facet arthropathy. Other noted dates of injury documented in the medical record include cumulative trauma from 06/03/2008 through 06/03/2009. There were no noted comorbidities. On 05/27/2015, physician progress report noted complaints of continued low back pain and neuropathic pain symptoms in the hands and feet. The pain was rated 6/10 in severity, and was described as aching and stabbing. Additional complaints included balance issues. Current medications include Valium, hydrocodone-acetaminophen, Gabapentin, lorazepam, and Lexapro. The injured worker reported about a 20% reduction in pain with the use of Norco. A urine drug screen, completed on 02/28/2015, was positive for codeine, morphine, and marijuana, which are not prescribed medications. The physical exam revealed tenderness to

the right posterior ilium and upper buttock, tenderness around the posterior aspect of the sacroiliac joint, pain with flexion of the lumbar spine and catching with the return to neutral position, decreased sensation in the bilateral arms hands and feet, decreased motor strength with bilateral hip flexion, positive straight leg raises bilaterally, and positive Faber's maneuver and Hoffman's test. The provider noted diagnoses of cervical region spinal stenosis, brachial neuritis or radiculitis, acquired spondylolisthesis, and unspecified thoracic or lumbar neuritis or radiculitis. Plan of care includes a right sacroiliac injection, continued current medications with refills of Norco and Neurontin, home health care assistance, and follow-up. The injured worker's work status remained permanent and stationary. The request for authorization and IMR (independent medical review) includes: one right sacroiliac joint injection, 2 prescriptions for Norco 10-325mg #120, and Neurontin 600mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right SI 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, Hip & Pelvis Chapter, and Sacroiliac Blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip and Pelvic Disorders, SI joint injections.

Decision rationale: The records indicate the patient is under treatment for ongoing neck and low back pain. The current request is for 1 SI joint injection. The attending physician in his report dated 5/27/15, states "based on lack of response to lumbar facet block and previous plan to pursue right SI joint injection if the facet block failed, I have ordered right-sided SI joint block. Appropriate chronic back pain not responsive to PT, and medication management with failed response to facet injections at L5/S1. Positive Faber's maneuver. ODG guidelines state SI joint injections are recommended as an option if the patient has failed at least 4-6 weeks of aggressive conservative therapy. ODG further states, "The history and physical examination should suggest the diagnosis (with documentation of at least 3 positive exam findings. The five tests most recommended include the pelvic distraction test, pelvic compression test; thigh thrust test, FABER (Patrick's test) and Gaenslen's test." In this case, the medical records indicate a positive FABER maneuver, but no other positive findings suggesting SI pathology. As such, the exam findings do not establish medical necessity for an SI injection at this time. This request is not medically necessary.

2 prescriptions of Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, and Hydrocodone/Acetaminophen.

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

Decision rationale: The records indicate the patient is under treatment for ongoing neck and low back pain. The current request is for 2 prescriptions for Norco 10/325mg #120. The attending physician reports that the patient has been trying to manage his symptoms with Norco qid. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, while there is clear documentation of ongoing pain, there is no documentation of the 4 A's. There is no documentation of improved functional ability or return to work. There is also no documentation of adverse side effects or aberrant drug behaviors. There is no discussion of decreasing pain levels and functional improvement with the use of this medication. The MTUS requires much more thorough documentation for continued opioid usage. As such, the medical records do not establish medical necessity for the prescription of Norco 10/325mg #120. This request is not medically necessary.

1 prescription of Neurontin 600mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs) Page(s): 16.

Decision rationale: The records indicate the patient is under treatment for ongoing neck and low back pain. The current request is for 1 prescription of Neurontin 600mg. The MTUS guidelines for the usage of Gabapentin state that it is indicated for the treatment of neuropathic pain. MTUS page 60 states that the physician should record pain and improvements in function while taking the prescribed medication. In this case, the records indicate the patient has not been responsive to PT and medication management with a failed response to facet injections. This indicates that the treating physician believes the patient has failed the use of Gabapentin. Furthermore, there is nothing in the physical examination, which indicates the patient has lumbar radiculopathy. As such, the medical records do not establish medical necessity for the request of Neurontin 600mg. This request is not medically necessary.