

Case Number:	CM15-0136326		
Date Assigned:	07/27/2015	Date of Injury:	06/11/1978
Decision Date:	09/22/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/14/2015

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: Arizona, Michigan

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 injured worker is a 71 year old male, who sustained an industrial injury on June 11, 1978. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having right sacroiliac joint pain, chronic low back pain with previous lumbar 2-sacral 1 posterior fusion with severe spinal stenosis at lumbar 1-lumbar 2, status post bilateral thoracic 12-lumbar 1 and lumbar 1-lumbar 2 facet medial branch rhizotomy/neurotomy on November 20, 2014 with 80-90% pain reduction, and thoracic 10-thoracic 11, thoracic 11-thoracic 12, thoracic 12-lumbar 1, and lumbar 1-lumbar 2 facet arthropathy-hypertrophy. Diagnostic studies to date have included: On May 1, 2015, a urine toxicology screen detected hydrocodone, hydromorphone, norhydrocodone, Tramadol, Desmethyltramadol, acetaminophen, and Zolpidem, which was consistent with prescribed medications. He underwent a multilevel anterior cervical discectomy and fusion in 1998, a lumbar laminectomy in 2006, and a lumbar 2-sacral 1 fusion in 2008. Treatment to date has included facet medial branch nerve blocks, facet medial branch rhizotomies on November 20, 2014 and March 24, 2015, and medications including short-acting and long-acting opioid analgesic, stool softener-laxative, and sleep. There were no noted previous injuries or dates of injury, and no noted comorbidities. On June 3, 2015, the injured worker reported increasing, non-radiating right-sided low back pain for the prior six weeks. He reported difficulty getting in and out of deep seated chairs and pointed to the right posterosuperior iliac spine-sacroiliac joint. He had mild symptoms on the left side, but the majority of symptoms were at the right sacroiliac joint. Daily stretching was not helpful. His medications continue to decrease his pain and increase his function. He would like to decrease his medication dependence. His

pain is rated: with medications = 2/10 and without medications = 6/10. The physical exam revealed difficulty with sitting and standing, and a mildly antalgic gait. There was a well-healed anterior cervical scar, mild bilateral cervical paraspinous tenderness, decreased cervical range of motion, and normal muscle strength, sensation, and reflex testing in the bilateral upper extremities. There was minimal tenderness over the thoracic 10-thoracic 11 and thoracic 11-thoracic 12 paravertebral joints, with a significant improvement following radiofrequency rhizotomy. There was a well-healed lumbar surgical scar, no tenderness over the thoracic 12-lumbar 1 and lumbar 1-lumbar 2 region, exquisite tenderness over the right greater than left posterior superior iliac spine, and mild hyperpathia to light touch over the right sacroiliac joint region. The lumbar spine range of motion was decreased. There were negative bilateral straight leg raises and positive right distraction, thigh thrust, compression, Patrick's-Faber, and Gaenslen's testing. The muscle strength, sensation, and reflex testing were normal in the bilateral lower extremities. The treatment plan includes continuing Tramadol ER and Norco, a trial of Dendracin lotion, a request for authorization for a right sacroiliac joint injection under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60: Overturned

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (CMTUS) recommend opioids for second-line treatment of neuropathic pain that has not responded to antidepressants and anticonvulsants. The long term usage of opioid therapy is discouraged by the CMTUS guidelines unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." A review of the injured workers medical records reveal that he has improvement in pain and function with the use of his current regimen which includes tramadol, the continued use is appropriate, therefore the request for tramadol ER 150mg #60 is medically necessary.

Norco 10/325mg #60: Overturned

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (CMTUS) recommend opioids for second-line treatment of neuropathic pain that has not responded to antidepressants and anticonvulsants. The long term usage of opioid therapy is discouraged by the CMTUS guidelines unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." A review of the injured workers medical records reveal that he is having satisfactory improvement in pain and function with the use of his current regimen of medications which includes Norco, the continued use appears appropriate and is medically necessary.

Dendracin lotion #240ml: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me shows a trial of recommended first line agents that have failed in this injured worker, therefore considering his advanced age and his complex clinical presentation the request for Dendracin is appropriate and medically necessary.

Right sacroiliac joint injection under fluoroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (Acute & Chronic) Chapter: Sacroiliac joint injections (SJI); Hip & Pelvis (Acute & Chronic) Chapter: Sacroiliac injections, therapeutic.

Decision rationale: The California Medical Treatment Utilization Schedule (CMTUS) is silent with regard to sacroiliac joint injections. The Official Disability Guidelines (ODG) recommends sacroiliac joint injections as an option after failure of more than 4-6 weeks of aggressive conservative therapy. There was documentation of the injured worker having failed treatment with an anti-epilepsy drug, antidepressants, and non-steroidal anti-inflammatory drug medication. He also has had good response to injections in the past. Therefore, the right sacroiliac joint injection under fluoroscopy appears appropriate and is medically necessary.