

Case Number:	CM15-0141287		
Date Assigned:	07/31/2015	Date of Injury:	12/22/2008
Decision Date:	09/01/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/21/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 48-year-old male who sustained an industrial injury on 12/22/08. Injury occurred when he slipped while walking backwards and pulling a pallet jack and fell, landing on his buttocks with immediate onset of low back pain. He underwent L4/5 posterior lumbar interbody fusion with pedicle screw fixation on 2/17/11. Records indicated that Norco had been prescribed since at least 12/8/14. The 3/3/15 utilization review decision recommended partial certification of Norco to allow for weaning. The 3/19/15 treating physician report documented medications to include Flexeril, Prilosec, Ultram ER and Norco. Norco was documented as reducing pain from grade 8/10 to 3/10. The 5/30/15 treating physician report cited low back pain radiating down both legs with numbness and tingling and calf muscle spasms. He reported pain over the sacroiliac (SI) joints, right greater than left, and a popping sensation over the SI joints with ambulation. The injured worker reported that medications and compound creams were helpful in alleviating some of the pain. Physical exam documented paraspinal muscle tenderness, tenderness over the SI joints bilaterally, and decreased lumbar range of motion. FABER test was positive bilaterally. Sensation was decreased over the S1 dermatome bilateral. Motor function was intact. Reflexes were 1+ and symmetrical. Straight leg raise test was positive bilaterally. The diagnosis was lumbar discopathy with disc displacement, lumbar radiculopathy, and bilateral sacroiliac arthropathy. The treating physician report opined the need to incorporate the SI joints into the previous fusion to address these pain generators and instability relative to the SI joints which was found in some patients with this kind of work injury. Authorization was requested to extend the previous fusion to incorporate the bilateral SI joints, and Norco 10/325 mg #90. The

6/23/15 utilization review non-certified the request for extension of the previous fusion to incorporate the bilateral SI joints as there was no detailed documentation of non-operative treatment failure, including intra-articular sacroiliac joint injections. The request for Norco 10/325 mg #90 was non-certified as there was no clear documentation of functional improvement with this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/acetaminophen Page(s): 76-80, 91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. Guideline criteria have not been met. There is documentation of significant VAS pain reduction with the use of Norco. However, there is no discussion of any functional benefit. This medication is not apparently fully medically necessary on an ongoing basis, however, due to the nature of the drug, weaning is typically recommended. Typically a reduction of 10% of the monthly amount of pills would be applicable for potential weaning purposes, at this time. Therefore, this request is not medically necessary.

Extension of previous fusion to incorporate bilateral SI joints: 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 and Pelvis Chapter, SI joint fusion.

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, Sacroiliac joint fusion.

Decision rationale: The California MTUS do not provide recommendations for sacroiliac joint fusion. The Official Disability Guidelines (ODG) do not recommend sacroiliac joint fusion except as a last resort for chronic or severe sacroiliac joint pain. Guidelines indicate that the diagnosis of sacroiliac joint pain is controversial and difficult to make accurately, and the

evidence base for fusion to treat this vague diagnosis is weak and conflicted. Per the ODG guidelines for sacroiliac blocks, a positive diagnostic response is 80% for the duration of the local anesthetic. Guideline criteria have not been met. This injured worker presents with ongoing low back pain radiating to the lower extremities with numbness, tingling and calf spasms. He reported pain over the SI joints and a popping sensation when he walked. There was clinical evidence of SI joint tenderness and positive FABER test. There was no documentation in the available records of a diagnostic SI joint injection test. There was no imaging or radiographic evidence of SI joint pathology documented. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.