

<b>Case Number:</b>	CM15-0163825		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	04/25/1990
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 an 83-year-old male, who sustained an industrial injury on April 25, 1990. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having shoulder sprain and strain, impingement syndrome shoulder, spinal stenosis lumbar, degenerative disc disease lumbar, degenerative disc disease thoracic, degenerative arthritis spine unspecified, spondylolisthesis, and stenosis lumbar. Diagnostic studies were not included in the provided medical records. Treatment to date has included unspecified medications and an ultrasound guided right sacroiliac joint injection with steroid and non-steroidal anti-inflammatory medications on April 1, 2015. There were no noted previous injuries or dates of injury, and no noted comorbidities. On June 12, 2015, the injured worker reported right sacroiliac joint pain. The physical exam revealed tenderness in the right sacroiliac joint, referred pain into the right sacroiliac joint area with pelvic compression testing, right straight leg raise reproduced sacroiliac pain and some back pain, and normal strength in all major muscle groups in the lower extremities. The reflexes of the quadriceps were decreased to normal and symmetrical. The Achilles reflexes absent to decreased and symmetrical. There was full range of motion of the bilateral hips without pain. His pain was rated 59 without medication and 11 with medication on the VAS (visual analogue scale). The treating physician noted that the injured worker's function was dramatically improved with his current medication regimen. The analgesic medications provided substantial pain relief for up to six hours and improved function and quality of life. The injured worker underwent an ultrasound guided right sacroiliac joint injection with steroid and non-steroidal anti-inflammatory

medications. The requested treatments included Tramadol HCL, Ibuprofen-Hydrocodone, and an ultrasound guided right sacroiliac joint injection.

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

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

**Tramadol HCL 50mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** The California Medical Treatment Utilization Schedule (CMTUS) guidelines, recommend Tramadol, a synthetic opioid, as a second-line treatment for moderate to severe pain. 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, and 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." In addition, the CMTUS guidelines details indications for discontinuing opioid medication, such as serious non-adherence or diversion. There was lack of physician documentation of the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, improvement in pain, and improvement in function. There was lack of evidence of an updated and signed contract between the injured worker and provider, risk assessment profile, attempt at weaning-tapering, ongoing efficacy, and the lack of objective evidence of functional benefit obtained from the opioid medication. In addition, there was lack of documentation of a required recent urine drug screen to support compliance of treatment with Tramadol. Therefore, the request for Tramadol is not medically necessary.

**Ibuprofen/Hydrocodone 7.5/200mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** Vicoprofen (Hydrocodone/Ibuprofen) is a short-acting opioid analgesic. It is recommended for short-term use only. This combination opioid/NSAID has a low dose of ibuprofen (200mg) that is below the normal adult dose of 400 to 800 mg per dose and total max daily dose of 2400mg. Vicoprofen was approved only based on single dose, post-op pain and is

approved to treat acute pain for generally less than 10 days. It may be considered an option for use at the time of injury, but the fixed dose of hydrocodone 7.5mg/ibuprofen 200mg and the maximum approved dose of 5 tablets daily may limit acute pain relief. Prescribing information also stresses that this product is not indicated for treating conditions such as rheumatoid arthritis or osteoarthritis. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, the prescription request for 120 tablets of Ibuprofen-Hydrocodone does not imply short-term use. The request for Ibuprofen-Hydrocodone is not medically necessary.

**Ultrasound guided right sacroiliac joint injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Hip & Pelvis (Acute & Chronic) Sacroiliac joint blocks (2015).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sacro-iliac joint blocks.

**Decision rationale:** Sacroiliac joint injections (SIJ) are recommended as an option if the patient has failed at least 4-6 weeks of aggressive conservative therapy. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology (including spinal stenosis and facet arthropathy). The diagnosis is also difficult to make as pain symptoms may depend on the region of the SI joint that is involved (anterior, posterior, and/or extra-articular ligaments). Pain may radiate into the buttock, groin and entire ipsilateral lower limb, although if pain is present above L5, it is not thought to be from the SI joint. Criteria for the use of SIJ blocks include that the patient has had and failed at least 4-6 weeks of aggressive conservative therapy including, physical therapy (PT), home exercise and medication management. In this case, the patient had a right sacroiliac joint injection on 4/1/2015, there was no documented functional improvement, and pain reduction was not greater than 70%. Guidelines recommend that for repeat injections there needs to be documented greater than 70% pain reduction for at least 6 weeks. Medical necessity for the ultrasound guided right sacroiliac injection has not been established. The requested procedure is not medically necessary.