

<b>Case Number:</b>	CM15-0169131		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	07/21/2003
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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 Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 55 year old male, who sustained an industrial injury on July 21, 2003, resulting in pain or injury to the low back after moving a 55 gallon barrel. Currently, the injured worker reports low back pain that radiates to both legs with pain in both feet. A review of the medical records indicates that the injured worker is undergoing treatment for sacroiliitis, chronic pain syndrome, lumbar spondylosis and lumbar radiculopathy. Per the Treating Physician's progress report dated July 21, 2015, noted the injured worker rated his pain as 8 out of 10, with the least pain 6 out of 10, worst pain 9 out of 10, and average monthly pain 7 out of 10, with the pain noted to be 8-9 out of 10 on the previous visit. The injured worker reported his Methadone was helping him. The objective findings were noted to show the injured worker ambulating with a cane, with tenderness in the lumbar facet joints, pain with lumbar extension, SI joints tender, and positive Gaenslen's and Stretch tests bilaterally. The injured worker was noted to have signs and symptoms consistent with sacroiliitis. The Physician noted that without the injured worker's Methadone and Oxycodone he would be completely nonfunctional, unable to get out of bed. A Toradol injection was administered as an anti-inflammatory. The documentation provided also indicates the injured worker states the medication helps complete activities of daily living (ADLs). The injured worker was noted to have failed conservative measures to treat his back pain. The treating physician indicates that a MRI was noted to show no real nerve root compression except for a potential cyst off the nerve a nerve sheath cyst at L5-S1 off to the left side. Prior treatments have included a Toradol injection on June 23, 2015, psychological therapy, epidural steroid injection (ESI), joint injections, spinal cord stimulator trial, and the current medications of Ibuprofen, Methadone, prescribed since at least March 17, 2015, Sertraline, and Oxycodone, prescribed since at least October 2014. The request for authorization

dated August 3, 2015, was noted to request one bilateral sacroiliac joint injection, an unknown prescription of methadone, and an unknown prescription for Oxycodone. The Utilization Review (UR) dated August 5, 2015, non-certified the requests for one bilateral sacroiliac joint injection, an unknown prescription of methadone, and an unknown prescription for Oxycodone.

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

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

**Bilateral sacroiliac 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.

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

**Decision rationale:** MTUS guidelines are silent regarding sacroiliac denervation. According to ODG guidelines, “Sacroiliac joint radiofrequency neurotomy. Not recommended. Multiple techniques are currently described: (1) a bipolar system using radiofrequency probes (Ferrante, 2001); (2) sensory stimulation-guided sacral lateral branch radiofrequency neurotomy (Yin, W 2003); (3) lateral branch blocks (nerve blocks of the L4-5 primary dorsal rami and S1-S3 lateral branches) (Cohen, 2005); & (4) pulsed radiofrequency denervation (PRFD) of the medial branch of L4, the posterior rami of L5 and lateral branches of S1 and S2. (Vallejo, 2006) This latter study applied the technique to patients with confirmatory block diagnosis of SI joint pain that did not have long-term relief from these diagnostic injections (22 patients). There was no explanation of why pulsed radiofrequency denervation was successful when other conservative treatment was not. A > 50% reduction in VAS score was found for 16 of these patients with a mean duration of relief of 20 5.7 weeks. The use of all of these techniques has been questioned, in part, due to the fact that the innervation of the SI joint remains unclear. There is also controversy over the correct technique for radiofrequency denervation. A recent review of this intervention in a journal sponsored by the American Society of Interventional Pain Physicians found that the evidence was limited for this procedure.” In this case, there is no evidence of lumbar facet joint involvement as the main pain generator. According to the patient's records, there is only one orthopedic test that is suggestive of sacroiliac etiology. The guidelines recommend at least 3 positive tests for sacroiliac joint involvement. Therefore, the request for bilateral sacroiliac joint injection is not medically necessary.

**Methadone:** 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): Medications for chronic pain.

**Decision rationale:** According to MTUS guidelines, section Medications for chronic pain, Methadone is recommended as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medications. As an opioid, Methadone should be used in the context of a

well established plan, tailored to the patient needs, when there is no reasonable alternative to treatment and when the patient is responsive to treatment. The lowest possible effective dose should be used. In this case, there is no functional improvement from the previous use of Methadone. Furthermore, the review note dated May 11, 2015 certified 15 tablets of Methadone for weaning purposes. Based on the above, the prescription of Methadone is not medically necessary.

**Oxycodone:** 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:** According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of long-term use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These 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. There is no clear documentation of functional improvement with previous use of opioids. There is no documentation of significant pain improvement with previous use of Oxycodone. The review note dated March 3, 2015 certified Oxycodone for weaning purposes. Therefore, the prescription of Oxycodone is not medically necessary.