

<b>Case Number:</b>	CM15-0186320		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	09/22/2011
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 49-year-old male, who sustained an industrial injury on 9-22-11. The injured worker is diagnosed with lumbar spine sprain-strain. His disability status is permanent and stationary. A note dated 8-5-15 reveals the injured worker presented with complaints of low back, left buttock and left leg pain. His pain is reduced from 78 VAS (visual analog scale) to 28 VAS. Physical examinations dated 5-27-15 - 8-5-15 revealed focal tenderness directly in his left sacroiliac joint, pelvic compression test refers pain directed to the left sacroiliac area and straight leg raise test on the left reproduces sacroiliac pain, the right reproduces only back pain. Motor, sensory and reflexes were found to be within normal limits. There is pain and spasms on palpation about the paralumbar musculature bilaterally. Treatment to date has included left sacroiliac joint injections (x3), surgery (lumbar spine fusion), medication (is effective and improves function, per note dated 8-5-15), trigger point injections, medications; Voltaren, Tramadol (for greater than 1 year), Vicoprofen (greater than 1 year) and Prilosec (for greater than 1 year). Diagnostic studies included x-rays. A request for authorization dated 8-5-15 for Tramadol 50 mg #180 is modified to #162, Ibuprofen-hydrocodeine 200-7.5 mg #60 is modified to #54, Omeprazole 20 mg #120, Naproxen 500 mg #120, 1 asp-injection lumbar spine SI joint, 1 ultrasound test lumbar spine, Marcaine 5% #2 and Ketorolac #21 (all with a date of service 8-5-15) are denied, per Utilization Review letter dated 9-17-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO: Naproxen 500mg (DOS 8/5/2015) QTY 120.00: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Given this, the current request is not medically necessary.

**RETRO: Tramadol HCL 50mg (DOS 8/5/2015) QTY 180.00: 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, Opioids, specific drug list, Opioids, criteria for use.

**Decision rationale:** Tramadol is a centrally acting opioid agonist and also inhibits the reuptake of serotonin and norepinephrine. On July 2, 2014, the DEA published in the Federal Register the final rule placing tramadol into schedule IV of the Controlled Substances Act. This rule will become effective on August 18, 2014. The CPMTG specifies that this is a second line agent for neuropathic pain. Given its opioid agonist activity, it is subject to the opioid criteria specified on pages 76-80 of the CPMTG. With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "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 for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the primary treating physician did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. This can include a reduction in work restrictions or significant gain in some aspect of the patient's activities. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although tramadol is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.

**RETRO: Ibuprofen/hydrocodeine 200/7.5mg (DOS 8/5/2015) QTY 60.00:** 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, criteria for use, Opioids for chronic pain.

**Decision rationale:** This combination pill has both an NSAID and an opioid pain medication. With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "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 for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. Furthermore, on page 88 of the CPMTG, there is a recommendation in long-term opioid use of the following: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." Given this, the medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.

**RETRO: Omeprazole 20mg (DOS 8/5/2015) QTY: 120.00:** 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): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** In this request, there is controversy over whether a PPI is warranted in this worker's treatment regimen. The Chronic Pain Medical Treatment Guidelines on page 68-69 states the following regarding the usage of proton pump inhibitors (PPI): "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or

(4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)."In the case of this injured worker, there is no documentation of any of the risk factors above including age, history of multiple NSAID use, history of gastrointestinal ulcer or bleeding, or use of concomitant anticoagulants or corticosteroids. Given this, this request is not medically necessary.

**RETRO: Asp/injection lumbar spine SI joint (DOS 8/5/2015) QTY: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Sacroiliac Blocks.

**Decision rationale:** The California Medical Treatment and Utilization Schedule do not directly reference sacroiliac joint injections. Section 9792. 23.5 Low Back Complaints of the California Code of Regulations, Title 8, page 6 states the following: "The Administrative Director adopts and incorporates by reference the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) into the MTUS from the ACOEM Practice Guidelines." ACOEM Medical Practice Guidelines Chapter 12 on page 300 states the following regarding injections: "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain." Given a lack of direct reference from the California Medical Treatment and Utilization Schedule and ACOEM, the recommendations regarding sacroiliac joint injections in the Official Disability Guidelines Chapter on Hip and Pelvis are cited below: "Recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy as indicated below. 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). Criteria for the use of sacroiliac blocks: 1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). 2. Diagnostic evaluation must first address any other possible pain generators. 3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. 4. Blocks are performed under fluoroscopy. (Hansen, 2003) 5. A positive diagnostic response is recorded as 80% for the duration of the local anesthetic. If the first block is not positive, a second diagnostic block is not performed. 6. If steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least > 70% pain relief recorded for this period. 7. In the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks. 8. The block is not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block. 9. In the treatment or therapeutic phase, the interventional procedures should be repeated

only as necessary judging by the medical necessity criteria, and these should be limited to maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year." In this injured worker, there is no clear documentation of what conservative physical therapy has taken place with regard to the SIJ. The first line of therapy for this condition involves therapy to mobilize the SIJ joint and improve core strengthening. The provider has documented on an exam date 8/5/15 that there is positive focal left SIJ tenderness and compression test, which suggest SIJ pathology. However, without clear documentation of conservative therapy that was directed to this region, this injection is not medically necessary.

**RETRO: Ultrasound test/lumbar spine (DOS 8/5/2015) QTY:1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Sacroiliac Blocks.

**Decision rationale:** In this case, there was use of ultrasound in order to guide the needle for SI Joint injection. Therefore, the issues to medical necessity are whether the injection was indicated to begin with, and also why the more traditional and well-studied use of fluoroscopic guidance was not utilized. In this injured worker, there is no clear documentation of what conservative physical therapy has taken place with regard to the SIJ. The first line of therapy for this condition involves therapy to mobilize the SIJ joint and improve core strengthening. The provider has documented on an exam date 8/5/15 that there is positive focal left SIJ tenderness and compression test, which suggest SIJ pathology. But without clear documentation of conservative therapy that was directed to this region, this injection is not medically necessary. Furthermore, ultrasound is an emerging technology for needle-guided injection in the spine. It is not considered standard of care, and is not covered by Medicare for SI Joint injections. The request is not medically necessary.

**RETRO: Marcaine 5% (DOS 8/5/2015) QTY: 2.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Sacroiliac Blocks and Other Medical Treatment Guidelines Uptodate Online, Bupivacaine.

**Decision rationale:** Bupivacaine (Marcaine) is a local anesthetic that is typically injected in many joint injections such as sacroiliac joint injection. In this case, the bupivacaine was utilized in the context of an ultrasound-guided SIJ injection on 8/5/15. Given this, the suitability of this injectate depends on the medical necessity of the SI Joint injection. Since this was deemed not medically necessary (see above), this current request is also not medically necessary.

**RETRO: Ketoralac (DOS 8/5/2015) QTY: 21.00: 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

**Decision rationale:** Regarding the request for Ketolorac, Chronic Pain Medical Treatment Guidelines state this medication is not indicated for minor or chronic painful conditions. The FDA notes it is used short-term (5 days or less) to treat moderate to severe pain. In this case, the Ketorolac was injected as part of the intra-articular therapeutic solution in the sacroiliac joint. This was done via an ultrasound-guided SIJ injection on 8/5/15. Given this, the suitability of this injectate depends on the medical necessity of the SI Joint injection. Since this was deemed not medically necessary (see above), this current request is also not medically necessary.