

<b>Case Number:</b>	CM15-0188426		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	04/04/1996
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 is a 67 year old male patient with a date of injury on 4-4-96. The diagnoses include chronic pain syndrome secondary to chronic lumbar radiculopathy due to degenerative disk disease, lumbar laminectomy and fusion, chronic recurrent muscle spasm, lumbar spine, cannot rule out bilateral sacroilitis, hypertension and diabetes type 2. Per the doctor's note dated 9/14/15, he had complaints of low back pain and right leg pain with numbness and weakness, recurrent constipation and insomnia. The physical examination of the lumbar spine revealed improved lumbar spine range of motion with medications, tenderness over the sacroiliac joints, minimal tenderness over the midline and paravertebral muscles. Per the progress report dated 8-10-15, he had complaints of severe lower back pain and right leg pain with numbness and weakness. He has chronic pain syndrome secondary to chronic lumbar radiculopathy due to degenerative disk disease, lumbar laminectomy and fusion. The physical examination revealed lumbar range of motion limited with tenderness over bilateral sacroiliac joints. The medications list includes gabapentin, nucynta, fexmid, promolaxin, metformin, metoprolol, amlodipine, tamsulosin, protonix, crestor, diovan, fenofibrate, finasteride, pioglitazone, potassium, and dendracin 120ml. He has undergone L2-S1 lumbar laminectomy, discectomy and fusion surgery on 12/18/2013; left total knee replacement in 2010. He has had CT scan lumbar spine dated 6/18/2015 and 1/16/2015, which revealed postoperative changes. Treatments include: medication, physical therapy, chiropractic, injections, bone growth stimulation and surgery. Request for authorization dated 8-24-15 was made for SI joint injection with fluoroscopy and Fexmid 7.5 mg quantity 30. Utilization review dated 8-28-15 non-certified the request.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **SI injection with fluoroscopy:** 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/Pelvic chapter - Sacroiliac injections diagnostic.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Hip & Pelvis (updated 09/24/15), Sacroiliac joint blocks, Sacroiliac injections, diagnostic, Sacroiliac injections, therapeutic.

**Decision rationale:** SI injection with fluoroscopy. Per the ODG, sacroiliac joint injection diagnostic is "Not recommended, including sacroiliac intra-articular joint and sacroiliac complex diagnostic injections/blocks (for example, in anticipation of radiofrequency neurotomy). Diagnostic intra-articular injections are not recommended (a change as of August 2015) as there is no further definitive treatment that can be recommended based on any diagnostic information potentially rendered (as sacroiliac therapeutic intra-articular injections are not recommended for non-inflammatory pathology). Consideration can be made if the injection is required for one of the generally recommended indications for sacroiliac fusion." In addition per the cited guidelines regarding Sacroiliac injections, therapeutic, "Not recommend therapeutic sacroiliac intra-articular or periarticular injections for non-inflammatory sacroiliac pathology (based on insufficient evidence for support). Recommend on a case-by-case basis injections for inflammatory spondyloarthritis (sacroiliitis). This is a condition that is generally considered rheumatologic in origin (classified as ankylosing spondylitis, psoriatic arthritis, reactive arthritis, arthritis associated with inflammatory bowel disease, and undifferentiated spondyloarthritis). Instead of injections for non-inflammatory sacroiliac pathology, conservative treatment is recommended. Current research is minimal in terms of trials of any sort that support the use of therapeutic sacroiliac intra-articular or periarticular injections for non-inflammatory pathology." Therefore, there is no high-grade scientific evidence to support the sacroiliac joint injection for this diagnosis. Evidence of inflammatory spondyloarthritis (sacroiliitis) is not specified in the records provided. In addition, the patient has only objective findings related to the sacroiliac joint- tenderness over the sacroiliac joint. Failure to previous conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. The medical necessity of SI injection with fluoroscopy is not fully established in this patient at this time. Therefore, the request is not medically necessary.

### **Fexmid 7.5mg #30:** Overturned

**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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**Decision rationale:** Fexmid 7.5mg #30. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy." According to the records provided patient had chronic low back pain and right leg pain with numbness and weakness, recurrent constipation and insomnia with diagnosis of recurrent muscle spasm. The patient has objective findings on the physical examination of the lumbar spine-improved lumbar spine range of motion with medications, tenderness over the sacroiliac joints, minimal tenderness over the midline and paravertebral muscles. The patient also has history of lumbar spine surgery and left knee surgery. The patient has chronic pain with abnormal objective exam findings. According to the cited guidelines, Flexeril is recommended for short-term therapy. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Fexmid 7.5mg #30 is medically necessary and appropriate to use as prn during acute exacerbations.