MAXIMUS Federal Services

Case Number:	CM15-0191384		
Date Assigned:	10/05/2015	Date of Injury:	10/26/1976
Decision Date:	11/10/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/29/2015

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: Florida
Certification(s)/Specialty: Neurology, 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 75 year old male who sustained an industrial injury on 10-26-1976. A review of the medical records indicated that the injured worker is undergoing treatment for failed back surgery syndrome, lumbar radiculopathy, lumbar degenerative disc disease and bilateral sacroiliitis. The injured worker is status post lumbar fusion with revision. Last lumbar surgery was performed in 2001. The injured worker recently underwent intestinal surgery complicated by an abdominal hernia with repair on 08-24-2015.According to the treating physician's progress report on 09-15-2015, the injured worker continues to experience low back pain radiating to the bilateral lower extremities and feet associated with weakness and numbness, right side worse than left rated at 9-10 out of 10 on the pain scale. The injured worker reported he is unable to walk for more than 5 minutes due to weakness and pain in his legs and has fallen four times since the last visit. Evaluation noted an antalgic gait with the use of a single point cane. The injured worker was unable to toe and heel walk. A significant kyphotic spine was noted with decreased cervical flexion and extension. The lumbar bilateral paraspinal muscles were tender to palpation with decreased lumbar flexion and significantly decreased extension with positive facet challenge. Bilateral spasm was noted. The bilateral sacroiliac (SI) joints were tender to palpation, right side greater than left. Decreased sensation was noted at L3 through S1 with positive bilateral Faber's, bilateral one-legged stork (right greater than left) and Gaenslen's tests. Straight leg raise was positive on the right with pain to the foot and negative on the left. Recent thoracic magnetic resonance imaging (MRI) performed on 06-30-2015 with official report was included in the review. Prior treatments have included diagnostic testing, surgery, lumbar medial branch

blocks (02-17-2015), transforaminal lumbar epidural steroid injection (2013 with no relief), trigger point injections, physical therapy, chiropractic therapy and medications. Current medications were listed as Ultracet, Elavil, Colace, Miralax and Valium. Treatment plan consists of continuing medication regimen, home exercise program and the current request for bilateral sacroiliac (SI) joint injections, Tramadol-APAP 37.5-325mg #90 and Miralax with 5 refills. On 09-15-2015 the Utilization Review determined the requests for bilateral sacroiliac joint injections, Tramadol-APAP 37.5-325mg #90 and Miralax with 5 refills was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral SI joint injections: 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 (Acute & Chronic): Sacroiliac Joint Injections (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hip, SI joint injection.

Decision rationale: The medical records provided for review do not document the presence of at least 3 positive physical examination findings supportive of SI joint dysfunction and does not document the failure of at least 4-6 weeks of conservative treatment including PT or home exercises. ODG supports SI joint block with: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. As such, the medical records provided for review do not support medical treatment of SI joint injection. Therefore, the request is not medically necessary.

Tramadol/APAP 37.5/325mg #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, opioids.

Decision rationale: The medical records report ongoing pain that is helped subjectively by continued used of opioid. The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment or indicate use of UDS or other risk tool. ODG supports 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; 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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. Given the medical records do not document such ongoing monitoring, the medical records do not support the continued use of opioids such as tramadol/APAP. The request is not medically necessary.

Miralax with 5 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain,opioids.

Decision rationale: ODG guidelines support use of medication such as colace for opioid induced constipation. ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated. Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal (GI) tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. Activation of enteric opioid receptors also results in abnormal GI motility. Constipation occurs commonly in patients receiving opioids and can be severe enough to cause discontinuation of therapy. The medical records do not indicate opioid induced constipation or constipation in general and as such does not support use of miralax. The request is not medically necessary.