MAXIMUS Federal Services

Case Number:	CM15-0198083		
Date Assigned:	10/13/2015	Date of Injury:	05/29/2014
Decision Date:	11/19/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/08/2015

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 a 37 year old female, who sustained an industrial injury on May 29, 2014. She reported twisting and burning her left hand along with a fall. The injured worker was currently diagnosed as having cervical disc disease, cervical radiculopathy, left shoulder tendonitis, lumbar disc disease, bilateral sacroiliac joint sprain and strain and status post left knee arthroscopy. Treatment to date has included back support, medication, chiropractic treatment, exercise and diagnostic studies. The injured worker was noted to have failed "conservative treatment." On September 3, 2015, the injured worker complained of pain in the cervical spine rated as a 6 on a 1-10 pain scale. The pain was described as dull and achy with radiation into the left shoulder along with limited movement, stiffness and numbness into the arm and hand. She also complained of lumbar spine pain rated a 6 on the pain scale. This pain was described as dull and achy with swelling in the left leg and foot. Physical examination of the sacroiliac area revealed positive tenderness, Fabere's-Patrick, sacroiliac thrust test and Yeoman's test. Tenderness and spasm were noted in the cervical spine. Examination of the lumbar spine revealed tenderness to palpation. The treatment plan included bilateral sacroiliac joint injections, MRI of the cervical spine, urine toxicology screening, follow up for her left shoulder and knee, Tramadol ER, Fexmid, Naproxen and a follow-up visit. A request was made for FexMid 7.5mg #60, Naproxen 550mg #60, urine toxicology screen and bilateral sacroiliac joint injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

FexMid 7.5 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril, Fexmid)) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. It is closely related to the tricyclic antidepressants. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. It is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. It is not recommended to be used for longer than 2-3 weeks. The available records do not show a clearly documented benefit or any functional improvement from prior Fexmid use. There is no clinical indication presented for the chronic or indefinite use of this medication. Based on the currently available information, the medical necessity for this muscle relaxant has not been established. The requested medication is not medically necessary.

Naproxen 550MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: Naproxen (Aleve or Naprosyn) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, and short-term pain relief in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient had prior use of NSAIDs without any documentation of significant improvement. There was no documentation of objective functional benefit from use of this medication. Medical necessity of the requested medication has not been established. The request for Naproxen is not medically necessary.

Urine Toxicology Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing (UDT).

Decision rationale: According to the CA MTUS, drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The CA MTUS Guidelines recommend use of drug screening or inpatient treatment with issues of abuse, addiction or poor pain control. According to the ODG, urine drug testing (UDT) is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. UDT is not generally recommended in an acute treatment setting (i.e. when opioids are required for nociceptive pain). It is recommended in cases in which the patient asks for a specific drug, particularly if the drug has high abuse potential, the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic substation. UDT is recommended if the patient has a positive or "at risk" addiction screen on evaluation and if aberrant behavior or misuse is suspected and/or detected. For ongoing-monitoring UDT is recommended if a patient has evidence of a "high risk" of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts. In this case, the patient has been prescribed Tramadol. There is no documentation of a previous UDT. Medical necessity for the requested UDT has been established. The requested UDT is medically necessary.

Bilateral Sacroiliac 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 (ODG), Hip and 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 injections, diagnostic.

Decision rationale: Sacroiliac injections (SI) are 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). There are two basic types of SI joint diagnostic injections: intra-articular injections and sacral lateral branch nerve injections and/or medial dorsal rami injections (L4-5). SI blocks were found to be insufficiently sensitive or specific to be used as a diagnostic gold standard. Reasons given were discordance in results of two consecutive SI joint blocks and leakage of injection fluid into adjacent tissues. It is also mentioned that pain formerly believed to

have a source within the SI joint could be secondary to extra-articular structures (including numerous surrounding ligaments). A systematic review commissioned by the American Pain Society (APS) and conducted at the Oregon Evidence-Based Practice Center states that there is insufficient evidence to evaluate validity or utility of diagnostic sacroiliac joint blocks, and that there is insufficient evidence to adequately evaluate benefits of sacroiliac joint steroid injection. Based on the recommended guidelines, medical necessity for the bilateral SI joint injections has not been established. The requested injections are not medically necessary.