

Case Number:	CM15-0199143		
Date Assigned:	10/14/2015	Date of Injury:	03/28/2015
Decision Date:	12/23/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/09/2015

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: Oregon
 Certification(s)/Specialty: Plastic Surgery, Hand Surgery

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 44 year old male, who sustained an industrial injury on 3-28-15. The documentation on 9-15-15 noted that the injured worker has complaints of chronic multiple pain complaints and for medication refills. There is tenderness, bilaterally in the buttocks and hips in the position of the S1 (sacroiliac) joints. Severe tenderness, bilaterally over the S1 (sacroiliac) joints right greater than left and have a forearm amputation on the right. The injured worker appears to have nonunion in the area of his S1 (sacroiliac) joint fusions. The injured workers current reported pain score is 6 out of 10. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included right sacroiliac joint injection under fluoroscopy on 11-11-14 gave profound short term pain relief and it was in a joint that had been fused 2 to 3 years prior; methadone; Lyrica; Xanax; Norco; oxycodone; fentanyl and soma. The plan on 9-15-15 was to switch fentanyl back to MS Contin as fentanyl was not covered and was quite expensive; start with MS Contin in place of fentanyl and the injured worker may benefit from a diagnostic and therapeutic left S1 (sacroiliac) joint injection to see whether revision of the S1 (sacroiliac) joint on the left would be as helpful as one on the right would be. The original utilization review (9-30-15) non-certified the request for Norco 10-325mg #300; oxycodone IR 30mg #90; soma 350mg with 1 refill; diagnostic and therapeutic left S1 (sacroiliac) joint injection and methadone 10mg # 23.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioid hyperalgesia, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Per ACOEM, Initial Approaches to Treatment, page 47 and 48, OPIOIDS: Opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. Opioids cause significant side effects, which the clinician should describe to the patient before prescribing them. Poor patient tolerance, constipation, drowsiness, clouded judgment, memory loss, and potential misuse or dependence have been reported in up to 35% of patients. Patients should be informed of these potential side effects. This patient has been on chronic opiate medications. ACOEM supports only short-term opiate medication use for acute pain. He is likely to develop hyperalgesia and tolerance with continued opiate use. Per ACOEM, the request is not medically necessary.

Oxycodone IR 30mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Per ACOEM, Initial Approaches to Treatment, page 47 and 48, OPIOIDS: Opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. Opioids cause significant side effects, which the clinician should describe to the patient before prescribing them. Poor patient tolerance, constipation, drowsiness, clouded judgment, memory loss, and potential misuse or dependence have been reported in up to 35% of patients. Patients should be informed of these potential side effects. This patient has been on chronic opiate medications. ACOEM supports only short-term opiate medication use for acute pain. He is likely to develop hyperalgesia and tolerance with continued opiate use. Per ACOEM, the request is not medically necessary.

Soma 350mg with 1 refill: 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): Muscle relaxants (for pain).

Decision rationale: Per MTUS page 63, Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The patient has been on long-term muscle relaxants. MTUS supports treatment of acute spasm for a short-term period. This patient has been on chronic muscle relaxants, an indication that is not supported. The request is not medically necessary.

Diagnostic and therapeutic left S1 joint injection: Overturned

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, (Sacroiliac injections, diagnostic) (2015).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: Per ACOEM page 300: "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." ACOEM generally supports diagnostic injections as patients develop chronic pain. In this case, a diagnostic injection is appropriate to determine if surgical fusion may alleviate the pain. Successful diagnostic injection would support the need for surgical fusion. The request is medically necessary.

Methadone 10mg #23: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Methadone, Opioids for chronic pain, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Per ACOEM, Initial Approaches to Treatment, page 47 and 48, OPIOIDS: Opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. Opioids cause significant side effects, which the clinician should describe to the patient before prescribing them. Poor patient tolerance, constipation, drowsiness, clouded judgment, memory loss, and potential misuse or dependence have been reported in up to 35% of patients. Patients should be informed of these potential side effects. This patient has been on chronic opiate medications. ACOEM supports only short-term opiate medication use for acute pain. He is likely to develop hyperalgesia and tolerance with continued opiate use. Per ACOEM, the request is not medically necessary.