

Case Number:	CM15-0203229		
Date Assigned:	10/19/2015	Date of Injury:	06/24/2002
Decision Date:	12/01/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/15/2015

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: Arizona, 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 injured worker is a 64 year old female, who sustained an industrial injury on 06-24-2002. The injured worker was diagnosed as status post anterior -posterior decompression and fusion, L3 to sacrum, status post expiration of fusion, rule out pseudoarthrosis, L5-S1, grade I spondylolisthesis L1-L2, sacroilitis bilateral SI joints, failed back syndrome and chronic intractable pain. On medical records dated 09-17-2015, the subjective complaints were noted as having pain in low back, hips, buttocks, right leg and right foot. Pain was rated at 4 out of 10. Highest pain was rated at 7 out of 10 and lowest pain was rated 3 out of 10. Objective findings were noted as lumbosacral region there was a well healed scar, tenderness and guarding was noted over the lumbar paraspinal musculature, range of motion of the lumbar spine was decreased secondary to pain. Bilateral lower extremities were noted to demonstrate no focal atrophy, tremor, fasciculation or ataxia. Treatment to date included medications. The injured worker was noted to be permanent and stationary. Current medications were listed as Opana ER, MS Contin CR, Amitiza, Baclofen, and Ibuprofen, Morphine Sulfate IR, Opana and Senna S. The Utilization Review (UR) was dated 10-06-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for Morphine Sulfate 15mg #120 was partially certified and bilateral SI Joint injection block x 1 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate 15mg #120: 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 Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing, Oral morphine.

Decision rationale: According to the guidelines, oral morphine is not indicated for chronic non-cancer related pain. In addition, the claimant was prescribed multiple opioids including Opana IR/ER and MSIR. The combined dose of all opioids prescribed exceed the 120 mg of Morphine equivalent recommended for daily use. Continued and chronic use of MS Contin is not medically necessary.

Bilateral SI Joint Injection Block x 1: 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) Treatment in Workers Compensation (TWC); Hip & Pelvis Procedure Summary Online Version (updated 8/20/15), Sacroiliac Injections.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip chapter, pg 20.

Decision rationale: According to the ACOEM guidelines, SI injections are not recommended due to their short-term benefit. The ODG guidelines recommend injections for hip bursitis but not arthritis. In this case, the claimant has sacroiliitis. Although the block may be helpful, the claimant is on multiple medications and the block is not medically necessary.