MAXIMUS Federal Services

Case Number:	CM15-0207918		
Date Assigned:	10/26/2015	Date of Injury:	09/26/2014
Decision Date:	12/08/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/22/2015

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, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 48 year old male, who sustained an industrial injury on 9-26-14. The injured worker is diagnosed with sacroiliitis, lumbar spinal stenosis, lumbar radiculitis, lumbar spondylosis, low back pain and lumbar disc disease. His work status is temporary total disability. Notes dated 7-13-15 and 8-31-15 reveals the injured worker presented with complaints of constant low back pain that radiates to his bilateral buttocks and hips, described as sharp, aching, tingling, numb and knife like and is rated at 2-10 out of 10. He reports he has difficulty lifting greater than 5 pounds, light household chores, sleeping, walking, eating, dressing, getting out of bed and transitioning from seat to stand. His pain is increases with bending, activity, leaning forward and prolonged sitting and standing, and relieved by medications, aqua therapy and movement. Physical examinations dated 7-13-15 and 8-31-15 revealed an abnormal gain. There is tenderness to palpation of the lumbar paraspinal muscles and facets bilaterally (right greater than left) including the multifidus, semispinalis and erector spine muscles; range of motion is mild to moderately restricted. The right sacroiliac joint is tender to palpation and the following tests are positive on the right; Faber's, Distraction, Gaenslen's and Fortin's. Treatment to date has included medications; Endocet (2-2015), Ibuprofen, Soma, Clonidine and Medrol Pak, OxyContin (discontinued), Dilaudid (discontinued) home exercise program, aqua therapy, physical therapy, lumbar medial branch block and right L5, L5 and S1 radiofrequency ablation (x3). A request for authorization dated 9-8-15 for right sacroiliac joint injection with anesthesia and Endocet 7.5-325 mg #120 is denied, per Utilization Review letter dated 9-21-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacroiliac joint injection with anesthesia: 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 Index, 13th Edition (web), 2015, Low Back, Hip & Pelvis - Sacroiliac Joint blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip section, under sacroiliac injections.

Decision rationale: The current [redacted] web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes for Sacroiliac Injections: 1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH). Imaging studies are not helpful. 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. In this case, there are clear signs of radicular findings and that criterion 2 is not completely validated. The request is not medically necessary.

Endocet 7.5/325mg #120: Upheld

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): Opioids for chronic pain.

Decision rationale: This is a combination of Oxycodone and Acetaminophen. The opiate is the primary pain medicine, so the focus of the review will be on that medicine. The current [redacted] web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances When to Continue Opioids (a) If the patient has returned to work (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient

taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage, and thus the Endocet preparation, is not medically necessary per MTUS guideline review.