

<b>Case Number:</b>	CM15-0029671		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	07/26/2002
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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 Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 64-year-old female, who sustained an industrial injury reported on 7/26/2002. She reported persistent pain in the left sacroiliac joint, with noted 'exquisite' tenderness. The diagnoses were noted to include lumbar spondylosis and stenosis; significant instability and retrolisthesis above the well healed and old fusion; inflammatory process, and synovial fluid, at the left sacroiliac joint. Treatments to date have included consultations; diagnostic imaging studies; lumbar epidural steroid injections (3/21/14 & 8/8/14); left sacroiliac injections (2/12/14, 5/14/14, 7/10/14, 10/2/14 & 12/3/14); old fusion surgery (2/14/11), with revision on 12/3/12; placement of a lumbar anterior epidural catheter under fluoroscopy (3/21/14); and medication management. The work status classification for this injured worker (IW) was not noted. Noted is the accepted body part of the lumbar spine, and the disputed, non-industrial, body parts of the right hip and right knee. The application for independent medical review, page 4, notes a hand-written note by the IW that clarifies his complaint of constant left side pain that starts at the lower lumbar spine and radiates to the buttocks, hip, thigh and down the left leg, with occasional pain on the right lower lumbar region; and requests the current status report from his doctor be re-read. The orthopedic progress notes, dated 12/3/2014, note the shared decision to continue to manage this pain conservatively, and keeping surgery as a last resort. On 1/23/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/26/2014, for an ultrasound guided sacroiliac joint injection; and Ibuprofen /hydrocodone 200/7.5mg #180. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, opioids for controlling chronic pain; the Official Disability

Guidelines, anesthetic and local epidural steroid injection & sacroiliac injection therapy; and American College of Occupational and Environmental medicine guidelines, sacroiliac joint injections/local injections, were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective Left SI joint injection with ultrasound guidance (date of service: 12/3/14):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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.

**Decision rationale:** MTUS guidelines are silent regarding sacroiliac injections. According to ODG guidelines, sacroiliac injections are medically necessary if the patient fulfills the following criteria: 1.the history and physical examination should suggest the diagnosis; 2. Other pain generators should be excluded; 3. Documentation of failure of 4-6 weeks aggressive therapies; 4. Blocks are performed under fluoroscopy; 5. Documentation of 80% pain relief for a diagnostic block; 6. If steroids are injected during the initial injection, the duration of relief should be at least 6 weeks; 7. In the therapeutic phase, the interval between 2 block is at least 2 months; 8. The block is not performed at the same day as an epidural injection; 9. The therapeutic procedure should be repeated as needed with no more than 4 procedures per year. It is not clear from the patient file, that the patient fulfills the criteria of sacroiliac damage, that the sacroiliac joint is the pain generator and other pain generator have been excluded. There is no documentation that the patient failed aggressive conservative therapies for at least 4 to 6 weeks. Therefore, the requested for retrospective Left SI joint injection with ultrasound guidance is not medically necessary.

**Retrospective Tramadol HCL 50mg #240, 1-2 Q4-6 hours PRN NTE 6/day (date of service: 12/3/14):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**Decision rationale:** According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c)

Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. Although, Tramadol may be needed to help with the patient pain, there is no clear evidence of objective and recent functional and pain improvement from its previous use. There is no clear documentation of the efficacy/safety of previous use of tramadol. There is no recent evidence of objective monitoring of compliance of the patient with his medications. Therefore, the retrospective request of Tramadol HCL 50mg #240 is not medically necessary.

**Retrospective Ibuprofen/Hydrocodone 200/7.5mg #360, 1 Q4-6 hours PRN (date of service: 12-3-14):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Hydrocodone is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: “(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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>According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Hydrocodone. Hydrocodone was used for longtime without documentation of functional improvement or evidence of improvement of activity of daily living. Therefore, the prescription of retrospective Ibuprofen/Hydrocodone 200/7.5mg #360, 1 Q4-6 hours PRN (date of service: 12-3-14) is not medically necessary.