

Case Number:	CM15-0220211		
Date Assigned:	11/13/2015	Date of Injury:	02/05/1998
Decision Date:	12/22/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/09/2015

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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic 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 67 year old male, who sustained an industrial injury on 2-5-1998. A review of the medical records indicates that the injured worker is undergoing treatment for chronic intractable pain, status post L2-S1 fusion, symptomatic retained hardware L2-L4, disc degeneration T12-L1, mild bilateral sacroiliac joint dysfunction, and status post hardware removal and evaluation of fusion mass L2-L4 on 3-4-2015. On 9-29-2015, the injured worker reported mid to lower back pain with pain and numbness down the bilateral lower extremities, rated 7-9 out of 10 on the visual analog scale (VAS) without the use of medications, reduced to 4-5 out of 10 on the visual analog scale (VAS) with use of the medications. The Primary Treating Physician's report dated 9-29-2015, noted the injured worker's current medications included Oxycodone, prescribed since at least 4-21-2015. The injured worker was noted to have a pain contract and did provide random urine drug screen (UDS) when requested. The physical examination was noted to show tenderness to palpation of the lumbar spine paravertebral muscles bilaterally with evidence of tenderness over the right sacroiliac joints and decreased sensation in the bilateral lower extremities globally. The injured worker was noted to have SI joint provocative maneuvers with positive right Faber's, compression, and distraction tests. Prior treatments have included "multiple interventional spinal injections with little relief", Soma, and physical therapy. The treatment plan was noted to include request for authorization for a right SI joint block and continued current medication of Oxycodone as it provided the injured worker with nearly 50% reduction in pain level while allowing him to continue with a home exercise program (HEP). The injured worker's work status was noted to be permanent and stationary. The

request for authorization dated 9-29-2015, requested a right sacroiliac (SI) joint block and Oxycodone 10mg #90. The Utilization Review (UR) dated 10-16-2015, non-certified the request for a right sacroiliac (SI) joint block and modified the request for Oxycodone 10mg #90 to certify #60 with the remaining #30 non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Sacroiliac (SI) joint block: 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) Hip and Pelvis, Sacroiliac joint blocks.

Decision rationale: CA MTUS/ACOEM is silent on the issue of sacroiliac joint injection. According to the ODG Hip and Pelvis, Sacroiliac joint blocks it is recommended as an option if 4-6 weeks of aggressive conservative therapy has been failed. In addition, there must be at least 3 positive exam findings such as a pelvic compression test, Patrick's test and pelvic rock test. In this case, review of medical records from 9/29/15 show there is no evidence of aggressive conservative therapy being performed prior to the request for the sacroiliac joint injection. Therefore, the guideline criteria have not been met and the proposed injection is not medically necessary. The request is not medically necessary and the determination is for non-certification.

Oxycodone 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids criteria for use.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts.

Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." ODG criteria (Pain / Opioids criteria for use) for continuing use of opioids include: "(a) If the patient has returned to work (b) If the patient has improved functioning and pain." Based upon the records reviewed there is insufficient evidence to support the medical necessity of chronic narcotic use. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 9/29/15. Therefore, the prescription is not medically necessary and the determination is for non-certification.