

Case Number:	CM15-0040318		
Date Assigned:	03/10/2015	Date of Injury:	01/14/2011
Decision Date:	04/13/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/03/2015

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
 Certification(s)/Specialty: Emergency 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 54 year old male, who sustained an industrial injury on January 14, 2011. The injured worker had reported a low back pain and a bulge in the right abdomen. The diagnoses have included lumbar sprain/strain, right inguinal hernia, multilevel lumbar spondylosis and sacroilitis. Treatment to date has included medications, radiological studies, lumbar epidural steroid injections, a sacroiliac joint injection and right inguinal hernia repair. Current documentation dated February 5, 2015 notes that the injured worker complained of low back pain with radiation to the left lower extremity. Pain is 8/10. Examination of the lumbar spine revealed a painful and decreased range of motion. Tenderness was noted over the lumbar paraspinal muscles and bilateral sacroiliac joints. A straight leg raise test was positive on the left and minimally positive on the right. He also had intermittent left lower extremity radicular pain with numbness and tingling. The injured worker reported 80% improvement lasting five days of relief from pain after his last sacroiliac joint injection on January 22, 2015. The injured worker was noted to have experienced an increase in range of motion and an increase in his quality of life after the injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen 7.5/200 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: This medication contains ibuprofen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. There is no documentation of objective improvement with use of this medication except for some subjective improvement. There is no appropriate documentation of monitoring or adverse events or aberrant behavior. There is no noted urine drug monitoring or assessment for abuse risk. The provider has failed to document necessary components as required by MTUS guidelines for continued opioid therapy. Continued chronic opioid therapy is not supported by documentation. Vicoprofen is not medically necessary.

Sacroiliac joint injection under fluroscopy: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Pelvis and hips: Sacroiliac joint blocks.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic, As per Official Disability Guidelines may be recommended if patient meets certain criteria. Patient already received an SI injection done on 1/22/15 that produce 80% reduction of pain lasting only 5days. As per ODG, pt has failed initial trial for SI joint block. The duration of pain relief should be at least 6 weeks with at least > 70% pain relief recorded for this period. In the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks. Patient does not meet criteria for a successful injection and request for additional injection does not meet criteria. Additional SI joint injection is not medically necessary.