

Case Number:	CM15-0051230		
Date Assigned:	03/24/2015	Date of Injury:	08/06/2008
Decision Date:	05/13/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/18/2015

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: Physical Medicine & Rehabilitation

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 57 year old female who sustained an industrial injury on 8/6/08 when she stumbled on the curb while carrying a bag. She felt sudden pain in her low back that extended to her left hip and down her left leg. She initially used pain medication and ice to finish her work day. She later went to the hospital where lumbar MRI revealed left lateral disc protrusion, encroaching the nerve root with mild stenosis. She was given a walker and cane. She was prescribed outpatient physical therapy and was diagnosed with low back pain. She currently is experiencing chronic low back pain. Her medications are oxycodone, methocarbamol, gabapentin, Voltaren gel and Lidoderm patch. She gets good pain relief with above medications. Diagnoses include low back pain; lumbar spondylosis; lumbar spine stenosis; carpal tunnel syndrome; anxiety; osteoarthritis; obesity; sleep disorder; shoulder and neck pain and muscle spasms. Treatments to date include epidural blocks, physical therapy, pain medications, aqua therapy, transcutaneous electrical nerve stimulator unit and radiofrequency ablation surgery. None of the listed treatments eradicated her pain. Diagnostics include lumbar MRI (1/14) unremarkable. In the progress note dated 3/2/15 the treating provider's plan of care indicates that the injured workers most significant area of pathology is her sacroiliac joint and would like to request sacroiliac joint injections to address the injured workers pain and decrease opioid use. In addition, there are requests for refills on oxycodone and methocarbamol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #360 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain and weakness in her lower back and lower extremity. The request is for Oxycodone 10mg #360 With 2 Refills. Per 03/02/15 progress report, the patient is currently taking Albuterol, Ascorbic acid, Vitamin D3, Diclofenac topical gel, Esomeprazole, evening primrose, Gabapentin, hydrochlorothiazide-triamterene, Lactobacillus, Lidocaine patch, Claritin, Activan, Methocarbamol, Metoprolol, Oxycodone, Sertraline and Vitamin E. She is taking Oxycodone, Methocarbamol, gets good relief from all of these medications. Per 12/03/14 progress report, She states the Norco is not controlling her pain through the whole day and she would like to go back to the Oxycodone 1-2 tabs a day. She says it was easier to control her pain with that regiment. The patient has been utilizing Oxycodone on and off since at least 07/18/14. Work status is unknown. Regarding chronic opiate use, MTUS guidelines page 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater has addressed urine drug screening on 07/15/14. The treater provides a general statement indicating that She is taking Oxycodone gets good relief from all of these medications. But the four A's including analgesia, ADL's, side effects, and other measures of aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before-and-after pain scales to show analgesia, no specific ADL's are mentioned to show functional improvement, and there is no discussion provided regarding aberrant behavior/side effects. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request Is Not medically necessary.

Methocarbamol 750mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with pain and weakness in her lower back and lower extremity. The request is for Methocarbamol 750mg #90 With 2 Refills. Per 03/02/15 progress report, the patient is currently taking Albuterol, Ascorbic acid, Vitamin D3, Diclofenac topical gel, Esomeprazole, evening primrose, Gabapentin, hydrochlorothiazide-triamterene, Lactobacillus, Lidocaine patch, Claritin, Activan, Robaxin, Metoprolol, Oxycodone, Sertraline and Vitamin E. She is taking Oxycodone, Methocarbamol, gets good relief from all of these medications. Work status is unknown. The MTUS Guidelines page 63 on muscle relaxants for

pain states that it recommends non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbation with patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension. The MTUS guidelines support the usage of Robaxin for a short course of therapy, not longer than 2-3 weeks. Per 03/02/15 progress, She is taking Oxycodone, Methocarbamol, gets good relief from all of these medications. Although the patient reports benefit with the use of his current medication regimen, the long-term use of muscle relaxants is not supported by the MTUS guidelines. The patient has been utilizing Robaxin (Methocarbamol) since at least 12/03/14, which exceeds the 2-3 week limit recommended by MTUS guidelines. The request Is Not medically necessary.

Bilateral SI joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sacroiliac joint blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, SI joint injections.

Decision rationale: The patient presents with pain and weakness in her lower back and lower extremity. The request is for Bilateral Si Joint Injection. Per 03/02/15 progress report, examination shows severe tenderness to palpation over the SI joints, right worse than left, and positive Patrick's test (FABER). MRI from January 2014 shows mild lumbar degenerative changes worse at L4-5 due to facet joint DJD with mild spinal canal narrowing. The patient has had epidural blocks, physical therapy, pain medications, aqua therapy, TENS unit and radiofrequency ablation surgery in the past. ODG guidelines, Low Back Chapter under SI joint injections states: "Treatment: There is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block. ODG further states that, "The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed." "Diagnosis: Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction: 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). In this case, the treater requested SI joint injection to address the patient's pain and decrease her opioid use. The review of the reports does not show the patient has had prior SI joint injection. The patient failed conservative care, including physical therapy and aqua therapy. The treater documents positive Patrick's Test. However, ODG guidelines require at least 3 positive findings to support SI joint injections. The request Is Not medically necessary.