

Case Number:	CM15-0051626		
Date Assigned:	03/25/2015	Date of Injury:	03/04/2004
Decision Date:	05/13/2015	UR Denial Date:	03/17/2015
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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55-year-old female who reported an injury on 03/04/2004. The mechanism of injury was not provided. The current diagnoses include lumbar facet arthropathy, status post micro lumbar decompression, lumbar myofascial pain, lumbar retrolisthesis, and left SI joint dysfunction. The injured worker presented on 02/09/2015 for a follow-up evaluation regarding chronic low back pain. The injured worker has been previously treated with 2 epidural injections, a facet medial branch block, greater than 24 sessions of acupuncture, physical therapy, and chiropractic therapy. The injured worker reported 7/10 low back pain with associated weakness and tingling in the bilateral lower extremities. The injured worker was utilizing Norco 10/325 mg, Topamax 50 mg, Zanaflex 4 mg, Prilosec 20 mg, and ketoprofen 75 mg. Upon examination there was decreased range of motion of the lumbar spine in all planes, positive muscle spasm, tenderness to palpation, positive facet loading, tenderness to palpation over the left SI joint, positive stork test, positive faber test, positive Gaenslen's maneuver, intact sensation ,and 4+/5 motor weakness. Recommendations at that time included continuation of the current medication regimen and a left is joint injection. A Request for Authorization form was submitted on 02/09/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left sacroiliac joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip & Pelvis Chapter, Sacroiliac joint block.

Decision rationale: The Official Disability Guidelines recommend a sacroiliac joint block when the history and physical examination suggest the diagnosis, with at least 3 positive examination findings. There should also be evidence of a failure of 4 to 6 weeks of aggressive conservative therapy. While the injured worker's physical examination does reveal a positive faber test, a positive Gaenslen's maneuver, positive stork test and SI joint pain, it is noted that the injured worker was issued authorization for a left sacroiliac joint injection in 03/2015. The medical necessity for an additional procedure has not been established. The injured worker's response to the initial injection was not documented. Given the above, the request is not medically appropriate.

Omeprazole 20 mg #60: 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), Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the medical necessity for the requested medication has not been established. There was also no frequency listed in the request. As such, the request is not medically appropriate.

Norco 10/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized the above medication since at least

12/2014. There was no documentation of objective functional improvement. There is also no frequency listed in the request. Therefore, the request is not medically appropriate.

Topamax 50 mg #60: 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 Page(s): 16-22.

Decision rationale: California MTUS Guidelines recommend Topamax, as it has been shown to have variable efficacy, with a failure to demonstrate efficacy in neuropathic pain of central etiology. It is considered for use for neuropathic pain when other anticonvulsants have failed. In this case, there was no documentation of a failure of first line treatment. Therefore, the medical necessity has not been established. Additionally, there is no frequency listed in the request. As such, the request is not medically appropriate.

Zanaflex 4 mg #90: Upheld

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

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non sedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The injured worker has continuously utilized the above medication. The guidelines do not support long term use of muscle relaxants. There was also no frequency listed in the request. As such, the request is not medically appropriate.