

Case Number:	CM15-0087071		
Date Assigned:	05/11/2015	Date of Injury:	05/29/2012
Decision Date:	08/17/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/06/2015

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: Family Practice

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 63-year-old female who sustained an industrial injury on 05/29/12. Initial complaints and diagnoses are not available. Treatments to date include back surgery, physical therapy, and medications. Diagnostic studies are not addressed. Current complaints include back pain. Current diagnoses include lumbago, sacroiliac joint pain, and lumbar radiculitis. In a progress note dated 03/10/15, the treating provider reports the plan of care as bilateral sacroiliac injections, as well as medications including Norco, Tramadol, and Lyrica. The requested treatments include bilateral sacroiliac injections, Norco and Tramadol. Progress report dated 4/30/15 noted 4 positive physical examination findings consistent with sacroiliac mediated pain. The injured worker complains of 8/10 pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Sacroiliac joint injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for use of sacroiliac blocks.

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 Pelvic Chapter/Sacroiliac joint blocks.

Decision rationale: According to ODG, Sacroiliac joint blocks are recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy and there are at least 3 positive exam findings for sacroiliac joint dysfunction. The medical records note positive physical examination findings consistent with sacroiliac mediated pain. The injured worker has failed conservative management; the request for bilateral sacroiliac joint injection was medically necessary and appropriate.

Norco 10/325mg quantity 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): 74-96.

Decision rationale: The long-term use of opioids is not supported per the MTUS guidelines due to the development of habituation and tolerance. The MTUS guidelines also note that in order to support opioid use, there should be improvement in pain and function. However, despite the ongoing utilization of opioids, the injured worker complains of pain levels up to 8/10 and the medical records do not establish objective functional improvement. The medical records note that Utilization Review has allowed for modification for weaning purposes. The request for Norco 10/325mg quantity 120 is not medically necessary and appropriate.

Tramadol 50mg quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The long-term use of opioids is not supported per the MTUS guidelines due to the development of habituation and tolerance. The MTUS guidelines also note that in order to support opioid use, there should be improvement in pain and function. However, despite the ongoing utilization of opioids, the injured worker complains of pain levels up to 8/10 and the medical records do not establish objective functional improvement. The medical records note that Utilization Review has allowed for modification for weaning purposes. The request for Tramadol 50mg quantity 120 is not medically necessary and appropriate.