

Case Number:	CM15-0087413		
Date Assigned:	05/11/2015	Date of Injury:	03/14/2014
Decision Date:	06/15/2015	UR Denial Date:	05/06/2015
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: New York, West Virginia, Pennsylvania
 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 28 year old male who sustained a work related injury March 14, 2014. Past history included right rotator cuff tear s/p SLAP. According to a treating physician's progress report, dated April 4, 2015, the injured worker presented with acute lumbar pain, located mid back, rated 2/10. There is transient neck pain and transient right lower extremity radicular pain with numbness and tingling in the right calf muscle. Impression is documented as acute and chronic cervicgia; low back pain with numbness S1 radiculopathy, right greater than left; right flank pain, transient, near resolution; right Achilles tendon focal pain. Treatment plan included request for Norco, Baclofen, and sacroiliac joint epidural steroid injection. Physician noted the tapering of Norco 10/325mg to #135 from (#140); 4/4/15 visit, 3/7/15 visit and 2/7/2015 visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #135: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79, 80 and 88 of 127.

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

Decision rationale: Guidelines recommend patients on opioid therapy be monitored for efficacy, functional improvement, side effects, and signs of aberrant use. In this case, there is no documentation of functional improvement in this patient. The request for Norco 10/325 mg #135 is not medically appropriate or necessary.

Baclofen 10 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: Guidelines state documentation of spasticity and muscle spasm related to multiple sclerosis or spinal cord injury as criteria necessary to support medical necessity of Baclofen. Any treatment should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions. In this case, the patient does not meet criteria (multiple sclerosis or spinal cord injury). The request for baclofen 10 mg #90 is not medically appropriate or necessary.

Sacroiliac (SI) joint epidural steroid injection: 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 section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sacroiliac Injection.

Decision rationale: Guidelines for sacroiliac injection recommend that history and physical should suggest the diagnosis via 3 signs, evaluation must first address any other possible pain generators, and the patient has failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. In this case, there was no physical examination confirming at least 3 sacroiliac joint signs and the back pain reported by the patient is non-specific. The request for sacroiliac injection is not medically appropriate or necessary.