

Case Number:	CM14-0125030		
Date Assigned:	09/25/2014	Date of Injury:	11/01/2001
Decision Date:	10/27/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/07/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 underlying date of injury in this case is 11/01/2001. The date of the initial utilization review under appeal is 07/16/2014. On 04/02/2014, the patient was seen in followup by his treating neurosurgeon. The patient was noted to be status post a lumbar fusion and complained his pain was isolated over his left sacroiliac joint. The patient continued to have pain along the left lower back with provocative exam maneuvers at the sacroiliac joint exacerbating his pain. The treating physician requested a sacroiliac joint injection and also referred him to another physician for symptoms and limitations in his right shoulder. He also recommended urine toxicology. Previously on 02/19/2014, the patient's treating physician submitted a followup report and felt the patient was doing well postoperatively. At that time, he recommended a left sacroiliac joint injection for focal sacroiliac pain, requested treatment at that time to include Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg, qty 100 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on opioids for chronic pain, page 80, recommends opioids for short-term pain relief and not for long-term efficacy for chronic back pain, particularly beyond 16 weeks. The medical records at this time do not provide an alternate rationale for this request. Overall, the 4 A's of opioid management have not been met to support ongoing opioid use. This request is not medically necessary.