

Case Number:	CM14-0194847		
Date Assigned:	12/02/2014	Date of Injury:	08/30/2005
Decision Date:	01/14/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/20/2014

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 Occupational Medicine 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:

This is a 29-year-old female with an 8/30/05 date of injury, when she injured her low back and right foot due to repetitive work. The patient underwent a lumbar spine surgery on 2/22/08. The progress notes indicated that the patient was utilizing Vicoprofen at least from 4/7/09 and that the UDS test dated 4/15/14 revealed consistency with the medication regimen and the UDS test dated 10/3/14 was consistent with opiates use and negative for illegal substances. The patient was seen on 10/17/14 with complaints of lower back pain. Exam findings of the lumbar spine revealed tenderness of the L4-L5 spinous processes, positive bilateral facet-loading test and positive FABER test. There was tenderness to palpation over the sacroiliac spine. The diagnosis is lumbar disc disorder, lumbago and status post lumbar fusion. MRI of the lumbar spine dated 4/28/14 revealed left neural foraminal stenosis due to facet encroachment at the L5-S1 level. Treatment to date: lumbar spine surgery, work restrictions, lumbar epidural injections, Fentanyl patches and medications. An adverse determination was received on 10/27/14 for a lack of documentation of conservative care, functional improvement and a lack of documented risks for opioid abuse or addiction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left SI Joint Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip and Pelvis Chapter, updated 03/25/14

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Hip and Pelvis Chapter, Sacroiliac joint injections)

Decision rationale: CA MTUS states that sacroiliac joint injections are of questionable merit. In addition, ODG criteria for SI joint injections include clinical sacroiliac joint dysfunction, failure of at least 4-6 weeks of aggressive conservative therapy, and the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings). However, given that the patient's injury was over 9 years ago there is a lack of documentation indicating that the patient tried and failed at least 4-6 weeks of aggressive conservative therapy. In addition, there is a lack of documentation indicating at least 3 positive findings on the physical examination, which would suggest the diagnosis of SI joint dysfunction. Therefore, the request for Left SI Joint Injection was not medically necessary.

Vicoprofen 200-7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS ,opiates Page(s): 67,78-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Pain Chapter, NSAIDS)

Decision rationale: Vicoprofen is a combination of Hydrocodone (opioid) and Ibuprofen (NSAID). CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. The progress notes indicated that the patient was utilizing Vicoprofen at least from 4/7/09 however, given the 2005 date of injury, the duration of opiate use to date is not clear. The latest progress reports do not contain discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Vicoprofen 200-7.5mg #60 was not medically necessary.

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Urine testing in ongoing opiate management Page(s): 43,78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. However, there is a lack of documentation indicating that the requesting provider suspected substance misuse or addiction. In addition, the UDS test dated 4/15/14 revealed consistency with the medication regimen and the UDS test dated 10/3/14 was consistent with opiate use and negative for illegal substances. Therefore, the request for Urine drug screen was not medically necessary.