

Case Number:	CM15-0006561		
Date Assigned:	01/26/2015	Date of Injury:	01/12/1995
Decision Date:	03/20/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/12/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 01/21/1995 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to multiple body parts. The injured worker's diagnoses included lumbago, failed back syndrome, long term drug usage, cervical radiculitis, cervicgia, and sacroiliitis. The injured worker was evaluated on 10/16/2014. It was documented that the injured worker's medications included Lyrica 150 mg, Norco 10/325 mg, ibuprofen 800 mg, and Prilosec 20 mg. The clinical documentation did indicate that the injured worker was monitored for aberrant behavior with urine drug screens. It was noted within the documentation that the injured worker received approximately 50% pain relief from the medication regimen and had an increased ability to walk and perform activities of daily living. Physical findings included painful range of motion of the lumbar spine, tenderness to palpation of the left sacroiliac joint, and a positive left sided faber test. The injured worker's treatment plan included a sacroiliac joint injection and a refill of medications. A Request for Authorization was submitted on 10/27/2014 to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left SI 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

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 Pelvis Chapter, Sacroiliac joint injections.

Decision rationale: The requested left sacroiliac injection is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address this request. The Official Disability Guidelines recommend sacroiliac joint injections for injured workers who have failed to respond to aggressive physical therapy directed toward the sacroiliac region and the diagnosis is supported by at least 3 orthopedic findings. The clinical documentation indicates that the injured worker had tenderness to palpation of the left sacroiliac joint and a positive faber test. However, no other orthopedic tests were provided to support the diagnosis. Additionally, there is no documentation that the injured worker has failed to respond to aggressive physical therapy directed towards the sacroiliac region. Therefore, the requested left sided sacroiliac joint injection is not medically necessary or appropriate.

Norco 10/325mg #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, On-Going Management Page(s): 78.

Decision rationale: The requested Norco 10/325mg #120 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation does indicate that the injured worker has approximately 50% pain relief that allows for increased walking time and participation in activities of daily living. It is noted that the injured worker is monitored for aberrant behavior with urine drug screens. Therefore, it appears the use of this medication would be supported in this clinical situation. However, the request as it is submitted does not clearly indicate a frequency of use. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325mg #120 is not medically necessary or appropriate.