

Case Number:	CM15-0015749		
Date Assigned:	02/05/2015	Date of Injury:	05/19/1997
Decision Date:	03/31/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/27/2015

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: Orthopedic Surgery

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 54 year old male sustained an industrial injury on 5/19/97. He subsequently reports chronic low back pain. Exam note 12/9/14 demonstrates report of stabbing with pins and needles i the lower back. Exam demonstrates tenderness to palpation over the lower lumbar paraspinal muscles and along the sacroiliac joints. Range of motion is limited secondary to pain. Diagnoses include lumbar herniated disc, bilateral pars defect at L5, lumbago and bilateral sacroiliitis. Prior treatments include lumbar fusion surgery in 1999 and the use of narcotic pain medications. The UR decision dated 1/23/15 partially-certified morphine sulfate x one (1) month to allow for documentation or weaning to morphine sulfate ER 15 mg tablet, 1 tablet p.o. q 12 hours with #60 tablets dispensed with no refills, this decision was based on California MTUS Chronic Pain Medical Treatment Guidelines, Opioids, criteria for use of Opioids. The UR decision dated 1/23/15 to non-certify bilateral sacroiliac joint injections x2 was based on ODG, Hip and Pelvis Chapter, Sacroiliac joint blocks guidelines. The UR decision dated 1/23/15 to non-certify Naproxen 550 mg was based on California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs. The UR decision dated 1/23/15 to non-certify urine drug screen with quantitative urine confirmation was denied based on California MTUS Chronic Pain Medical Treatment guidelines, Opioids, screening for risks of addiction (tests) and ODG, Pain Chapter, Urine drug testing (UDT). The UR decision dated 1/23/15 to non-certify Percocet 10/325 mg tablet, 1 tablet p.o. q 4-6 hours p.r.n. for pain #150 tablets dispensed and no refills was based on California MTUS Chronic Pain Medical Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Sacroiliac Joint Injections x2: 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, Hip and Pelvis, Sacroiliac joint blocks

Decision rationale: CA MTUS/ACOEM is silent on the issue of sacroiliac joint injection. According to the ODG Hip and Pelvis, Sacroiliac joint blocks it is recommended as an option if 4-6 weeks of aggressive conservative therapy has been failed. In addition there must be at least 3 positive exam findings such as a pelvic compression test, Patrick's test and pelvic rock test. In this case there is no evidence of aggressive conservative therapy being performed prior to the request for the sacroiliac joint injection on 12/9/14. Therefore the guideline criteria have not been met and determination is for non-certification.

Cyclobenzaprine 7.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, pages 41-42 "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended."In this particular case the patient has no evidence in the records of 12/9/14 of functional improvement, a quantitative assessment on how this medication helps percentage of relief lasts, increase in function, or increase in activity. Therefore chronic usage is not supported by the guidelines. Therefore is not medically necessary and non-certified.

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66.

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 66 states that Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is used as first line treatment but long-term use is not warranted. In this case the continued use of Naproxen is not warranted, as there is no demonstration of functional improvement from the exam note from 12/9/14. Therefore determination is non-certification.

Urine drug screen with quantitative urine confirmation: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology Page(s): 94-95.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 94-95, use of urine toxicology is encouraged particularly when opioids are prescribed. It states, "Opioids, steps to avoid misuse/addiction The following are steps to avoid misuse of opioids, and in particular, for those at high risk of abuse: a) Opioid therapy contracts. See Guidelines for Pain Treatment Agreement. b) Limitation of prescribing and filling of prescriptions to one pharmacy. c) Frequent random urine toxicology screens." In this case there is insufficient evidence of drug misuse from the exam note of 12/9/14 to warrant urine toxicology. Therefore the determination is for non-certification.

Morphine Sulfate ER 15mg #60: 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): 80.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 12/9/14. Therefore the determination is for non-certification.

Percocet 10/325mg #150: 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): 80.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 12/9/14. Therefore the determination is for non-certification.