

<b>Case Number:</b>	CM15-0113212		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	03/04/2004
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: Preventive Medicine, Occupational 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:

This 55 year old woman sustained an industrial injury on 3/4/2004. The mechanism of injury is not detailed. Evaluations include lumbosacral MRI dated 11/2011. Diagnoses include lumbar facet arthropathy, lumbar myofascial pain, lumbar retrolisthesis, and left sacroiliac joint dysfunction. Treatment has included oral medications, facet medical branch block, acupuncture, physical therapy, chiropractic therapy, surgical intervention, and epidural steroid injections. Physician notes dated 5/4/2015 show complaints of chronic low back pain, upper back pain, and mid back pain with an intermittent pins and needles sensation. The worker rates her pain 7-8/10 without medications and 5/10 with medications. Recommendations include left sacroiliac joint injection, Norco, Flexeril, Prilosec, Cyclobenzaprine, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Left Sacroiliac Joint Injection:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**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 Blocks Section.

**Decision rationale:** The MTUS Guidelines do not address the use of sacroiliac joint injections. The ODG recommends sacroiliac joint blocks as an option if the injured worker has failed at least 4-6 weeks of aggressive conservative therapy. The criteria for the use of sacroiliac blocks include 1) history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings. 2) diagnostic evaluation must first address any other possible pain generators. 3) the patient has had and failed at least 4-6 weeks of aggressive conservative therapy including physical therapy, home exercise and medication management. 4) blocks are performed under fluoroscopy. 5) a positive diagnostic response is recorded as 80% for the duration of the local anesthetic, and if the first block is not positive, a second diagnostic block is not performed. 6) If steroids are injected during the initial injection the duration of pain relief should be at least 6 weeks with at least >70% pain relief recorded for this period. 7) in the treatment phase the suggested frequency for repeat blocks is 2 months or longer provided that at least 70% pain relief is obtained for 6 weeks. 8) the block is not to be performed on the same day as a lumbar epidural steroid injection, transforaminal epidural steroid injection, facet joint injection or medial branch block. 9) in treatment phase the interventional procedures should be repeated only as necessary judging by the medical necessity criteria and should be limited to a maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year. In this case, the injured worker has failed at least 4-6 weeks of aggressive conservative therapy including physical therapy, home exercise and medication management and is a good candidate for SI joint injection. The request for outpatient left sacroiliac joint injection is medically necessary.

**Pharmacy purchase of Cyclobenzaprine 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 Cyclobenzaprine Section Muscle Relaxants (for pain) Section Page(s): 41, 42, 63, 64.

**Decision rationale:** Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. There is no evidence of muscle spasm on physical exam and the medication is being used in a chronic manner. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for pharmacy purchase of Cyclobenzaprine 7.5mg #60 is not medically necessary.