

<b>Case Number:</b>	CM15-0121906		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	04/01/2010
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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: New York

Certification(s)/Specialty: Neurological 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:

The injured worker is a 53 year old male, who sustained an industrial injury on 4/1/10. He has reported initial complaints of a back injury. The diagnoses have included lumbago, status post lumbar fusion and lumbar degenerative disc disease (DDD). Treatment to date has included medications, activity modifications, off work, surgery, diagnostics, injections, chiropractic, bracing, physical therapy, other modalities and home exercise program (HEP). Currently, as per the physician progress note date 6/3/15, the injured worker complains of back pain with stiffness and numbness in the bilateral legs, and radicular pain and weakness in the bilateral legs. He reports that lumbar range of motion worsens the condition. He reports benefit from medications and has nociceptive, neuropathic and inflammatory pain. The physician notes that he has undergone sacroiliac injections with benefit. The objective findings reveal that the exam of the back shows spasm, decreased range of motion with pain, and weakness in the lower extremities, which has worsened since the last exam. There is decreased sensation in the right lower extremity (RLE). The lumbosacral exam reveals positive Faber maneuver on the right, positive Gainslen's maneuver bilaterally, positive Patrick's maneuver bilaterally, positive pelvic rock bilaterally and positive stork test bilaterally with point tenderness over the sacroiliac joint. The diagnostic testing that was performed included computerized axial tomography (CT scan) diskogram, computerized axial tomography (CT scan) of the lumbar spine, lumbar Magnetic Resonance Imaging (MRI) and lumbar x-rays. The current medications included Dilaudid, Docusate sodium, MS Contin, Nortriptyline, Oxcarbazepine, and Senna- Gen. The physician requested treatments included SI Joint Fusion, Senna 8.6mg #200 with 3 refills (3 Months

Supply), Docusate 250mg #360 with 3 refills (3 Months Supply), Nortriptyline 25mg #90 with 3 refills, Oxcarbazepine 150mg #180 with 3 refills, MS Contin 60mg #90, and Dilaudid 2mg #30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **SI Joint Fusion: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis Chapter, Sacroiliac joint fusion.

**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 fusion; sacroiliac injections.

**Decision rationale:** The ODG guidelines only recommend SI joint fusion as a last resort treatment. Documentation does not describe how the recommendation fits the criteria. The guidelines recommend the fusion after efficacious SI joint injections. A description of blinded injections is not found. The patient's complaints were not localized around the SI joint. The requested treatment: SI Joint Fusion is not medically necessary and appropriate.

#### **Senna 8.6mg #200 with 3 refills (3 Months Supply): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioid-induced constipation treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications-Opioid-induced constipation treatment.

**Decision rationale:** The ODG guidelines recommend when patients are receiving opioid treatment the initiation of constipation prophylactic treatment. The laxative Senna is not of this class. Documentation does not show the recommendations for appropriate hydration and recommendations for over-the-counter bulk additives either. The requested treatment: Senna 8.6mg #200 with 3 refills (3 Months Supply) is not medically necessary and appropriate.

#### **Docusate 250mg #360 with 3 refills (3 Months Supply): Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioid-induced constipation treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications-opioid-induced constipation treatment.

**Decision rationale:** The ODG guidelines recommend when patients are receiving opioid treatment the initiation of constipation prophylactic treatment. Docusate sodium is such a medication. The requested treatment: Docusate 250mg #360 with 3 refills (3 Months Supply) is medically necessary and appropriate.

**Nortriptyline 25mg #90 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antidepressants-tricyclic antidepressants Page(s): 15.

**Decision rationale:** The California MTUS guidelines do recommend tricyclics over serotonin reuptake inhibitors in treatment of pain. But they note that fatal overdoses have been reported due to their cardiovascular and neurological effects. Nortriptyline is a tricyclic. The guidelines note that in randomized-control trials tricyclics have not demonstrated significance in chronic lumbar root pain. The requested treatment: Nortriptyline 25mg #90 with 3 refills is not medically necessary and appropriate.

**Oxcarbazepine 150mg #180 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxcarbazepine (Trileptal).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Oxcarbazepine Page(s): 21.

**Decision rationale:** The California MTUS guidelines note that Oxcarbazepine has demonstrated benefits in treating neuropathic pain, specifically trigeminal neuralgia and diabetic neuropathy. Documentation does not show the patient is receiving the medications for this. The guidelines recommendation the starting doses are 150-300 mg twice daily. Documentation does not show this. The requested treatment: Oxcarbazepine 150mg #180 with 3 refills is not medically necessary and appropriate.

**MS Contin 60mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management; Opioids for chronic pain; Opioids, dosing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-ongoing management Page(s): 78-80.

**Decision rationale:** The California MTUS guidelines recommend that the lowest possible dose should be prescribed to improve pain and function. Documentation does not show this evidence. The guidelines recommend that the office visit should review and document the components of the appropriate medication use. Documentation does not provide this assessment. The requested treatment: MS Contin 60mg #90 is not medically necessary and appropriate.

**Dilaudid 2mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management; Opioids for chronic pain; Opioids, dosing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-ongoing management Page(s): 21.

**Decision rationale:** The California MTUS guidelines recommend that the lowest possible dose should be prescribed to improve pain and function. Documentation does not show this evidence. The guidelines recommend that the office visit should review and document the components of the appropriate medication use. Documentation does not provide this assessment. The requested treatment: Dilaudid 2mg #30 is not medically necessary and appropriate.