MAXIMUS Federal Services

| Case Number: | CM15-0147007 | | |
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| Date Assigned: | 09/04/2015 | Date of Injury: | 04/20/2002 |
| Decision Date: | 10/06/2015 | UR Denial Date: | 07/21/2015 |
| Priority: | Standard | Application Received: | 07/28/2015 |

## 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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

## 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 50 year old male, who sustained an industrial injury on 4-20-2002. Diagnoses include lumbar discopathy with disc displacement status post multilevel fusion, lumbar radiculopathy, bilateral sacroiliac arthropathy and left knee internal derangement. Treatment to date has included surgical intervention (lumbar fusion, undated) as well as conservative treatment including activity modifications and medication management. Per the Primary Treating Physician's Progress Report dated 6-28-2015 the injured worker reported pain in the bilateral sacroiliac joints, right greater then left, status post multilevel lumbar fusion. He also had recent episode of low back weakness lasting two weeks and bilateral leg pain making it difficult for him to ambulate. He also has pain, to a lesser degree, in the lumbar spine which radiates down both legs and is associated with numbness and tingling. Medications and compound creams help alleviate the pain. Physical examination of the lumbar spine revealed a well-healed incision at the midline lumbar area with exquisite tenderness over the bilateral sacroiliac joints, right greater then left. There was decreased range of motion secondary to pain and stiffness. Supine straight leg raise was positive bilaterally at 20 degrees. Examination of the left knee revealed positive tenderness over the posteromedial and posterolateral ligament line, with joint effusion and positive McMurray's sign. The plan of care included extension of lumbar fusion and medication management. Authorization was requested for lumbar fusion, Ambien 10mg #30, Ultram ER 150mg #90, Nalfon 400mg #90 and Norco 10-325mg #120.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Nalfon 400mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-73.

**Decision rationale:** The claimant has a remote history of a work-related injury in April 2002 and is being treated for chronic low back pain. When seen, he was having bilateral sacroiliac joint pain after a multilevel lumbar fusion. He was having radiating low back pain. Physical examination findings included a well-healed lumbar incision. There was bilateral sacroiliac joint tenderness. There was decreased lumbar range of motion with positive straight leg raising. There was left knee tenderness with a joint effusion and positive McMurray testing. There was decreased lower extremity sensation with normal strength and reflexes were symmetric. Medications were prescribed. Authorization for extension of the lumbar fusion to include the sacroiliac joints was requested. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of Fenoprofen is 300-600 mg 3 to 4 times per day with a maximum daily dose of 3200mg for osteoarthritis or 200 mg every 4 to 6 hours as needed for mild to moderate pain. In this case, the claimant has findings of possible sacroiliitis and the requested dosing is within guideline recommendations and medically necessary.

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

**Decision rationale:** The claimant has a remote history of a work-related injury in April 2002 and is being treated for chronic low back pain. When seen, he was having bilateral sacroiliac joint pain after a multilevel lumbar fusion. He was having radiating low back pain. Physical examination findings included a well-healed lumbar incision. There was bilateral sacroiliac joint tenderness. There was decreased lumbar range of motion with positive straight leg raising. There was left knee tenderness with a joint effusion and positive McMurray testing. There was decreased lower extremity sensation with normal strength and reflexes were symmetric. Medications were prescribed. Authorization for extension of the lumbar fusion to include the sacroiliac joints was requested. Medications included Norco, which had been prescribed at the previous visit.Norco (Hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is

providing decreased pain, an increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

**One lumbar fusion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic): Spinal fusion (2015).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Hip & Pelvis (Acute & Chronic) Sacroiliac joint fusion (2) Hip & Pelvis (Acute & Chronic) Sacroiliac joint blocks.

**Decision rationale:** The claimant has a remote history of a work-related injury in April 2002 and is being treated for chronic low back pain. When seen, he was having bilateral sacroiliac joint pain after a multilevel lumbar fusion. He was having radiating low back pain. Physical examination findings included a well-healed lumbar incision. There was bilateral sacroiliac joint tenderness. There was decreased lumbar range of motion with positive straight leg raising. There was left knee tenderness with a joint effusion and positive McMurray testing. There was decreased lower extremity sensation with normal strength and reflexes were symmetric. Medications were prescribed. Authorization for extension of the lumbar fusion to include the sacroiliac joints was requested. Sacroiliac joint fusion is not recommended for pain except as a last resort. Criteria include traumatic injury of the SI joint or pelvic ring or, in the presence of chronic pain lasting for years, after failure of non-operative treatment with the diagnosis confirmed by pain relief with intraarticular sacroiliac joint injections under fluoroscopic guidance with recurrence of symptoms.In this case, the claimant has not failed conservative treatment for sacroiliac joint pain and has not had diagnostic sacroiliac joint injections and would not be eligible to receive these due to a lack of positive physical examination sacroiliac joint tests. The request is not medically necessary.