

Case Number:	CM15-0175050		
Date Assigned:	09/16/2015	Date of Injury:	02/20/1998
Decision Date:	10/23/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/04/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 58 year old male sustained an industrial injury on 2-20-98. Documentation indicated that the injured worker was receiving treatment for ongoing lumbar degenerative disc disease with radiculopathy. Previous treatment included physical therapy, spinal cord stimulator, ice, heat and medication management. In a Pr-2 dated 1-5-15, the injured worker complained of pain to the low back, bilateral hips, buttocks and legs. The injured worker stated that he was having a difficult time getting enough pain relief to perform activities of daily living. The injured worker's Oxycontin dose had been increased by 20mg per day in his last visit which helped to manage his symptoms. Physical exam was remarkable for lumbar spine with pain on extension and rotation, mild tenderness to palpation to bilateral sacroiliac joints, lower extremities with marked leg length discrepancy, 4 out of 5 bilateral lower extremity strength and normal sensation. The treatment plan included continuing medications (Dilaudid, Omeprazole, Oxycontin, Senna and Zanaflex). In a PR-2 dated 8-18-15, the injured worker complained of low back, bilateral hip, buttock and leg pain as well as muscle spasms in the low back and legs. The injured worker reported that Oxycontin started working in 1 hour and lasted around 8 hours. Dilaudid started working in 30 minutes to 1 hour and lasted for 4 hours. The combination of Oxycontin and Dilaudid reduced his pain by around 50%. Medications reduced his pain rating from 10 out of 10 on the visual analog scale to 5 out of 10 and allowed him to perform activities of daily living. Physical exam was remarkable for lumbar spine with pain on extension and rotation, tenderness to palpation over bilateral sacroiliac joints with positive Faber's, abduction and distraction tests, lower extremities with "marked" length discrepancy, 4 out of 5 bilateral lower extremity strength

and normal sensation. The treatment plan included requesting bilateral sacroiliac joint injections and prescriptions for Dilaudid, Oxycontin, Omeprazole, Senna and Zanaflex. On 8-25-15, Utilization Review noncertified a request for Dilaudid 4mg #120 and modified a request for Oxycontin 60mg #90 to Oxycontin 60mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: CA MTUS recommends the ongoing chronic use of opioids when there is significant pain relief, improvement in function and the ability to return to work. Dilaudid is not a first-line treatment for neuropathic pain. In this case, there is no documentation of further clinical functional improvement with the use of Dilaudid. The patient is also exceeding the recommended morphine dose equivalent (MED) of 120 mg/day due to the concomitant use of Oxycontin. Weaning from Dilaudid was previously recommended on two previous reviews and the weaning process should be completed. Therefore, the request for continuation of Dilaudid is not medically necessary or appropriate.

Oxycontin 60mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: CA MTUS Guidelines state that opioids such as Oxycontin are recommended for moderate to severe pain when continuous round-the-clock analgesia is needed. Significant pain relief, functional improvement and return to work are necessary to justify use of long-term opioids. In this case, documentation of significant functional improvement is lacking. In addition, the patient is also taking Dilaudid, resulting in a morphine dose equivalent of over 120 mg/day, which exceeds guidelines. In this case, the patient should be weaned off the Oxycontin. The request, therefore, is not medically necessary or appropriate.

Bilateral sacroiliac joint injection Qty: 2: 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 & Pelvis (Acute & Chronic): Sacroiliac joint injections.

Decision rationale: CA MTUS does not address sacroiliac (SI) injections, therefore ODG were referenced. ODG does not recommend diagnostic injections, as there is no further definitive treatment that can be recommended based on the information provided from these injections. Therapeutic SI injections are only recommended for inflammatory conditions such as ankylosing spondylitis, psoriatic arthritis, arthritis associated with inflammatory bowel disease and undifferentiated spondyloarthropathies. This patient does not have an inflammatory arthritis; therefore, the request for bilateral SI injections is not medically necessary or appropriate.