

<b>Case Number:</b>	CM15-0063292		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	04/12/1998
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: Texas, New York, 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:

The applicant is a represented 45-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 12, 1996. In a Utilization Review report dated March 21, 2015, the claims administrator failed to approve requests for Norco, Motrin, and an SI joint injection. The request for morphine extended release was partially approved. The claims administrator referenced a March 18, 2015 progress note in its determination. The applicant personally appealed. In a letter dated April 2, 2015, the applicant stated that he needed to continue using morphine and Norco so that he could perform heavy physical labor work which involved climbing poles. On April 15, 2015, the claims administrator stated that it had administratively approved request for Inderal, morphine, and AndroGel. In a March 27, 2015 appeal letter, the treating provider stated that the applicant's current medications would allow him continue working and functioning. In a progress note dated March 16, 2015, the applicant reported ongoing complaints of low back pain status post earlier lumbar fusion surgery. The note was quite difficult to follow as it mingled historical issues with current issues. Pain complaints as high as 8-9/10 were noted at times. The attending provider stated that the applicant was working full time without restrictions as a heavy manual laborer. The attending provider stated that the applicant had reported a 50% reduction in pain scores with ongoing medication consumption. An SI joint injection was proposed. The attending provider stated that the applicant had ongoing complaints of low back pain radiating into the left leg. Viagra, Norco, Inderal, Colace, morphine, and AndroGel were renewed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #240:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Yes, the request for Norco, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant has apparently returned to and/or maintained full-time work status, the treating provider has maintained, following introduction of opioid agents such as morphine and Norco. The applicant's ability to perform manual labor has reportedly been ameliorated as a result of ongoing medication consumption, both the applicant and treating provider have maintained. The applicant has reportedly effected a 50% reduction in pain scores with ongoing medication consumption, the treating provider stated. Continuing Norco, on balance, was indicated. Therefore, the request was medically necessary.

**Ibuprofen 600mg #90 with 3 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** Similarly, the request for ibuprofen, an anti-inflammatory medication, was likewise medically necessary, medically appropriate, and indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as ibuprofen do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. Here, the applicant was apparently deriving appropriate analgesia from ongoing medication consumption, the treating provider reported. The applicant has successfully returned to and/or maintained full-time work status with ongoing medication consumption, the treating provider has maintained. The applicant was deriving appropriate analgesia from ongoing medication consumption, including ongoing ibuprofen consumption, the treating provider has maintained. Continuing ibuprofen, on balance, was indicated. Therefore, the request was medically necessary.

**Left SI joint injection:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3: Low Back; Treatments; Injection Therapies; Sacroiliac Joint Injections. Recommendation: Sacroiliac Joint Corticosteroid Injections for Treatment of Sacroiliitis Sacroiliac joint corticosteroid injections are recommended as a treatment option for patients with a specific known cause of sacroiliitis, i.e., proven rheumatologic inflammatory arthritis involving the sacroiliac joints. Strength of Evidence-Recommended, Evidence (C) Recommendation: Sacroiliac Joint Injections for Treatment of Low Back Pain Sacroiliac joint injections are not recommended for treatment of acute low back pain including low back pain thought to be sacroiliac joint related; sub acute or chronic non-specific low back pain, including pain attributed to the sacroiliac joints, but without evidence of inflammatory sacroiliitis (rheumatologic disease); or any radicular pain syndrome. Strength of Evidence-Not Recommended, Insufficient Evidence (I).

**Decision rationale:** Finally, the request for a sacroiliac joint injection was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Low Back Chapter notes that sacroiliac joint injections are not recommended in the treatment of chronic nonspecific low back pain, as was/is present here, nor are sacroiliac joint injections recommended in the treatment of radicular back pain, as was/is present here. The applicant had undergone earlier lumbar spine surgery, presumably for radicular low back pain. ACOEM suggests reserving SI joint injections for applicants with some rheumatologically proven spondyloarthropathy implicating the SI joints. Here, there was no evidence that the applicant carried diagnosis of rheumatologically-proven sacroiliac spondyloarthropathy. Therefore, the request was not medically necessary.