

Case Number:	CM13-0020272		
Date Assigned:	10/11/2013	Date of Injury:	06/28/1998
Decision Date:	01/15/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 50 year old male with injury from 06/28/1998. Per [REDACTED] report dated 08/06/13 diagnoses are left lumbar pain, depression with anxiety and panic attacks, and insomnia. Treating physician progress reports are reviewed from 1/7/13 to 8/6/13. 1/14/13 report has low back pain, radiation to left buttock, burning, difficulty with prolonged sitting or walking; depression with anxiety and panics, ER visit from 4/2/12; left testicle pain, s/p left inguinal hernia repair from 1998, decreased sexual drive. Vicodin #120, Butrans patch, ibuprofen, soma, Elavil, Ativan, and RS4i stimular are recommended. 2/4/13 report, doesn't take medication until pain is 10/10, Prilosec for stomach upset due to meds, ibuprofen for pain and inflammation, continue other meds. 3/13/13 report has similar information for pain. Patient's pain has become worse, lives alone; unable to put on patch properly, failed conservative care. No discussion regarding medication efficacy. 6/18/13, went to hospital due to dizziness and sweating. Massage requested, no discussion regarding efficacy of meds. 8/6/13 report has similar information; pain is increasing with strong radiation to the left leg. "He states that the medication is not helping as much and he would like to see a neurosurgeon." Massage was denied. Request was for updated MRI. SLR was positive on left at 60 degrees. (previously positive at 70-75degrees) Continue meds, but off of soma and elavil.

IMR ISSUES, DECISIONS AND RATIONALES

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

An MRI of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: This patient suffers from chronic low back and radicular pains. The report from 8/6/13 notes that the patient is complaining of more pain down the leg of the left side. SLR was positive at 60 degrees compared to 70 before. The patient has had conservative care without improvement and the treating physician has asked for spinal surgical consult and an updated MRI. Recommendation is for authorization. Prior MRI from 9/30/11 showed significant disc herniation with nerve root involvement. The patient is being referred to a spine surgeon. The patient is having increased symptoms not controlled with meds. Although examination findings and changes are minimal, updated MRI is reasonable. The patient is being referred to spine surgeon for possible surgery and the previous MRI did show a surgical lesion. ACOEM supports MRI when surgery is being considered.

Vicodin ES 7.5/750 #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale:

Ativan 0.5 mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale:

Vicodin ES 7.5/750 #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-Term Opioid Use Section Page(s): 88-89.

Decision rationale: Despite 8 months of records review, there is not a single documentation of how the patient is responding to medication. There is no evidence that Vicodin is doing anything for this patient's chronic pain. There is no before and after pain numbers; there is no discussion

of patient's functional level with and without medication. The only reference to medication use is from 8/7/13 report where the patient states that medication is not helping and would like to see a spine surgeon. The California MTUS requires pain assessment at each visit for chronic use of opiates. Pain reduction, functional and quality of life documentation need to be provided. Functioning must be documented using a numerical scale or validated instrument at least once every 6 months. In this case, despite 8 months of reports, I did not see any such documentation. The MTUS further requires under outcome measure, current pain; average pain; least pain; duration of pain relief from medication, etc. The treating physician does not provide any of this information. MTUS extensively discusses potential opiate abuse and dependency as well as opioids induced hyperalgesia. Without detailed documentation of how medication is used, with what efficacy and functional changes, one cannot tell whether or not opiates are helping or harming the patient. Recommendation is for denial of the request.

Ativan 0.5 mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Section. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: This patient suffers from chronic pain with depression and anxiety. The patient is prescribed Ativan on a regular basis but MTUS does not support use of benzodiazepines for long-term. For anxiety, anti-depressant medications are recommended. The reports show that the patient has been on this medication for a long-term. Recommendation is for denial.