

Case Number:	CM13-0028956		
Date Assigned:	11/27/2013	Date of Injury:	06/26/2003
Decision Date:	01/30/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/24/2013

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 Occupational Medicine 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:

The patient is a 48-year-old male with a date of injury on 6/26/03 with complaints of lower back pain with radiation to lower extremities. The patient is status post anterior cervical discectomy and fusion at C5-6 and C6-7 on 3/15/07 and status post lumbar laminectomy syndrome after PLIF at L3-4 and L4-5 on 9/17/11. The patient's current medications include Norco, Neurontin, Soma and Anaprox. He has a spinal cord stimulator. The patient complains of muscle spasms in the lower back while sleeping. Doctor's exam notes on 8/1/13 reveal decreased cervical and lumbar ranges of motion with muscle tenderness and rigidity. (+)SLR at 45 degrees bilaterally, decreased strength in right quadriceps, decreased motor strength right lower extremity at 4/5 and 4+/5 on the left. There is decreased sensation posterior lateral thigh and calf bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg #90: 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), Chronic Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This treatment is not medically necessary. CA MTUS Chronic pain guidelines do not recommend benzodiazepines for long term use. Use is limited to 4 weeks usually. The prescription at issue has been regularly refilled. Therefore, as guidelines do not recommend long term use of Xanax, it is not medically necessary.

Lidoderm 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

Decision rationale: This treatment is NOT medically necessary. CA MTUS Chronic pain guidelines state that the Lidoderm patch may be recommended for localized peripheral pain after there is evidence of the trial of first-line therapy. The treatment is only FDA approved for postherpetic neuralgia. On page 146, the guidelines state that the Lidoderm patch is not recommended for non-neuropathic pain. As the guidelines do not recommend this medication, it is not necessary.

Soma 350mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

Decision rationale: CA MTUS does not recommend Soma in the chronic pain guidelines. It does not recommend muscle relaxants for extended periods of time. The patient has been taking this medication since 2012. As MTUS does not recommend this medication, and it exceeds the duration for this class of medication, it is not necessary.

Androgel 1%: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse

Decision rationale: The treatment is appropriate. CA MTUS does not address testosterone replacement. National guidelines clearing house gives recommendations that include blood tests and indicate testosterone treatment. The patient has laboratory evidence of decreased testosterone. He also seems to have signs and symptoms of low testosterone. Therefore, as he meets clinical guidelines, the treatment is appropriate.

Wellbutrin 100mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

Decision rationale: CA MTUS discusses Wellbutrin on page 16 of the chronic pain guides. There is no clear documentation given for this medication in the available records. However, MTUS does recommend this medication for the treatment of chronic pain. The provider did note that the patient does not have any of the side effects related to this medication. There does need to be clearer efficacy of this medication, but it appears it helps the patient with his depressive symptoms. It is, therefore, appropriate.

Norco 10/325 #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: CA MTUS chronic pain guidelines on page 78 discuss specific criteria for continued use of opioids. The clinician needs to be very specific as to the benefits of the medication; it must include functional improvement as defined by MTUS. In addition, it must also show that the patient has significant improvement in pain during use of this medication. In addition, the guidelines do not recommend long-term use of opiate medications for chronic low back pain and suggest a short course of therapy. This request is asking for five months of treatment. Therefore, as the criteria for the continued use of opioid medications have not been included in the records and the treatment exceeds guideline duration, it is not medically necessary.

A consultation with a neurosurgeon: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse, ACOEM Guidelines, Chapter 7, page 127

Decision rationale: The request is appropriate. MTUS does not specifically address consultations, however, ACOEM does state that the occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are

present, when the plan or course of care may benefit from additional expertise. This patient clearly has a complex treatment history and there is questions regarding the spinal cord stimulator and how it is placed. National guidelines clearinghouse recommends ongoing care of spinal cord stimulators and states that re-intervention may be necessary to address complications. Therefore, as the provider needs specialist assistance to evaluate a treatment plan and procedure that has been helping the patient, the consultation is appropriate.