

Case Number:	CM13-0032162		
Date Assigned:	12/04/2013	Date of Injury:	08/01/2000
Decision Date:	01/30/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/07/2013

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 & Rehabilitation has a subspecialty in Pain and is licensed to practice in Oklahoma and Texas. 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 52-year-old female who reported an injury on 08/01/2000. The mechanism of injury is noted to be cumulative trauma to the lower back related to the performance of job duties. The patient had an initial MRI in 2001 that showed disc bulging at L4-5 and L5-S1. She also had an electromyogram in 2001 with normal results. It is noted that the patient started to develop temporomandibular joint disorder since the report of her injury in 2000 as a result of stress from the injury. In 2012, she participated in a functional rehabilitation program and reported a significant decrease in her pain levels; however, she stated that she was unable to get a gym membership approved and has lost ground because of an inability to exercise. The patient has a history of sporadic doctors' visits that necessitate frequent rescheduling. The most recent clinical note dated 08/27/2013 lists her current diagnoses as lumbosacral herniated nucleus pulposus, temporomandibular joint pains, anxiety and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the lumbar spine: Overturned

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) Low Back, MRI.

Decision rationale: The California Medical Treatment Utilization Schedule and American College of Occupational and Environmental Medicine Guidelines did not specifically address repeat MRI; therefore, the Official Disability Guidelines were supplemented. Official Disability Guidelines does not generally support repeat MRIs; however, they are indicated for candidates who are anticipating spinal interventions including injections or surgery. On the clinical note dated 07/23/2013, the treatment plan included epidural injections once the MRI of the lumbar spine had been performed. The patient's previous MRI was done over 13 years ago; therefore, it is appropriate that a new one be obtained. As such, the request for Magnetic Resonance Imaging of the lumbar spine is certified.

Magnetic resonance imaging (MRI) of the temporomandibular joint (TMJ) area: 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), Head, MRI.

Decision rationale: The California Medical Treatment Utilization Schedule and American College of Occupational and Environmental Medicine Guidelines did not address the use of MRI as it relates to the face and/or jaw. Therefore, the Official Disability Guidelines were supplemented. Official Disability Guidelines supports magnetic resonance imaging of various parts of the head to determine neurological deficits not explained by CT, to evaluate prolonged interval or disturbed consciousness, or to define evidence of acute changes superimposed on previous trauma or disease. The current request is to assess the patient's complaints of temporomandibular joint disorder and is not motivated by neurological deficits, disturbed consciousness, or changes related to previous trauma or disease. As such, the request for magnetic resonance imaging of the temporomandibular joint is noncertified.

Morphine sulfate 30 mg times 60 pills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 74-95.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines supports the use of opioids in the treatment of chronic pain. To determine the efficacy of these medications, certain outcomes should be measured. These outcomes include the patient's current pain level; the least reported pain over the period since the last assessment; the average pain; intensity of pain after taking the opioid; how long it takes for pain relief; how long pain relief lasts; and medication compliance by the use of urine drug screens. None of the recent clinical information dated back to 06/04/2013 included any information regarding the effect of the medication on the patient's pain or functional ability. Without the inclusion of supporting

documentation, the medical necessity of this request cannot be determined. As such, the request for morphine sulfate 30 mg times 60 pills is noncertified.

Zolpidem 10 mg times 30 pills: 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), Pain, Zolpidem.

Decision rationale: The California Medical Treatment Utilization Schedule and American College of Occupational and Environmental Medicine Guidelines do not address the use of zolpidem in regard to insomnia. Therefore, the Official Disability Guidelines were supplemented. Official Disability Guidelines supports the use of zolpidem for short-term, usually 2 to 6 weeks, treatment of insomnia. It is noted that Ambien can be habit-forming and may impair function and memory as well as increase pain and depression over the long term. Guidelines state that the Food and Drug Administration has also decreased the recommended dosage for women from 10 mg to 5 mg. It is noted in the clinical records that the patient has been receiving Ambien since at least 05/2013. This amount of time coupled with the dosage strength, exceeds supported guidelines. As such, the request for zolpidem 10 mg times 30 pills is noncertified.

Klonopin 1 mg times 30 pills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Physicians' Desk Reference

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines did not address the use of anti-anxiety medications. American College of Occupational and Environmental Medicine Guidelines do not recommend the use of anxiolytics for first-line therapies and state they are only appropriate for brief periods in cases of overwhelming symptoms that interfere with daily functioning. The Guidelines also recommend that if medication is to be used for a longer period of time, the patients be referred for psychiatric care. In the clinical notes provided for review, there is evidence that the patient has been utilizing Klonopin since at least 05/2013. This exceeds supported guidelines. There is also no evidence that the patient is currently receiving psychotherapy. As such, the request for Klonopin 1 mg times 30 pills is noncertified.