

Case Number:	CM13-0033408		
Date Assigned:	12/06/2013	Date of Injury:	02/23/1998
Decision Date:	02/05/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/09/2013

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 Internal Medicine and Cardiology and is licensed to practice in 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 65-year-old female who reported an injury on 02/23/1998. The patient is diagnosed with cervical spondylosis with radiculopathy, cervical stenosis, lumbar spondylosis with radiculopathy, multilevel lumbar neural foraminal stenosis, neuropathic pain in bilateral lower extremities, hypertension, and depression with anxiety. The patient was seen by [REDACTED] on 08/07/2013. Physical examination revealed bilateral cervical paraspinal tenderness with 1+ palpable muscle spasm, diminished cervical range of motion, positive Spurling's maneuver on the left, decrease in muscle strength in bilateral upper extremities, decreased sensation bilaterally in the C6 and C7 dermatomes, 2+ palpable lumbar spasm bilaterally, diminished lumbar range of motion, positive straight leg raising bilaterally, hypoesthesia bilaterally in the L5-S1 dermatome, and diminished strength in bilateral lower extremities. Treatment recommendations included continuation of current medication and a request for transportation to and from the surgical center.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from surgical center: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Health Care Services - California, Criteria for Medical Transportation, www.dhcs.ca.gov/services/medi-cal.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Transportation (to & from appointments)

Decision rationale: The Official Disability Guidelines state transportation to and from appointments is recommended for medical necessary (transportation to appointments in the same community for patients with disabilities preventing them from self transport). As per the clinical notes submitted, there is no documentation of a significant disability preventing the patient from self transport, either private or public transportation. There is no indication that this patient is unable to take public transportation or have assistance with a family member or outside resource. The medical necessity has not been established. Therefore, the request is non-certified.

Xanax XR 1mg everyday (QD), #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Antidepressants

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

Decision rationale: The California MTUS Guidelines state benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. A more appropriate treatment for anxiety disorder is an antidepressant. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient presented on 08/07/2013 with complaints of nightmares and increased anxiety. Satisfactory response to treatment has not been indicated. There is also no evidence of a failure to respond to antidepressants as recommended by California MTUS Guidelines. As guidelines do not recommend chronic use of this medication, the current request cannot be determined as medically appropriate. As such, the request is non-certified

Xanax 0.5mg three times a day (TID), as needed (prn), #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Antidepressants

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

Decision rationale: The California MTUS Guidelines state benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. A more appropriate treatment for anxiety disorder is an antidepressant. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient presented on 08/07/2013 with

complaints of nightmares and increased anxiety. Satisfactory response to treatment has not been indicated. There is also no evidence of a failure to respond to antidepressants as recommended by California MTUS Guidelines. As guidelines do not recommend chronic use of this medication, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

Provigil 200mg two times a day (BID), #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com, Provigil, Indications and usage, <http://www.drugs.com/pro/provigil.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Provigil® (modafinil).

Decision rationale: The Official Disability Guidelines state Provigil is the brand name for modafinil, and is approved by the FDA for treatment of narcolepsy. Prescribers using Provigil for sedation effects of opiate should consider reducing the dose of opiates before adding stimulants. As per the clinical notes submitted, there are no documented attempts at reducing medication to decrease or eliminate daytime drowsiness. The patient does not maintain a diagnosis of narcolepsy, shift work sleep disorder, or sleep apnea. Medical necessity has not been established. Therefore, the request is non-certified.