

<b>Case Number:</b>	CM13-0069800		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/05/2007
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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. The expert 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 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/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 57 year-old male who was injured on 12/5/2007. He has been diagnosed with low back pain; postlaminectomy syndrome; and radicular syndrome of lower extremities. According to the 11/21/13 pain management report from [REDACTED], the patient presents with low back pain. The pain radiates to the left and right buttocks, posterior thigh, calves and feet. Medications are listed as Neurontin, Alprazolam; Cymbalta; Hydrocodone; Lovastatin and Meloxicam and it was noted that he was denied thoracic MRI, psychiatric evaluation for Xanax and clearance for SCS trial. The treatment plan was to again request a thoracic MRI, Xanax, psyche clearance for SCS trial; and Norco. On 12/2/13 UR recommended denial for the thoracic MRI, psyche clearance for SCS, and modified Xanax and Norco for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MRI THORACIC SPINE:** 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): Low back, Lumbar and Thoracic Chapter, MRIs (magnetic resonance imaging)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back

**Decision rationale:** According to the 11/21/13 pain management report from [REDACTED], the patient presents with low back pain. The pain radiates to the left and right buttocks, posterior thigh, calves and feet. There is no thoracic exam neurologic findings, no subjective thoracic complaints, and no thoracic radiographs. The MRI was requested to determine if there are any structural abnormalities that would preclude electrode placement for an SCS trial that the patient has not been cleared for. The patient does not meet the MTUS/ACOEM or ODG guidelines criteria for thoracic MRI. There is no emergence of a red-flag, no evidence of neurologic dysfunction, no mention or failure of a strengthening program or mention of thoracic surgery. The request was for clarification of anatomy prior to an invasive procedure, but the patient has not been cleared or authorized for an invasive procedure. The request is not in accordance with MTUS/ACOEM guidelines.

**PAIN PSYCHOLOGY EVALUATION FOR SCS CLEARANCE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS); Psychological treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators).

**Decision rationale:** The patient presents with chronic back pain/post laminectomy syndrome. The pain management physician would like psych clearance for possible SCS trial. MTUS does list failed back syndrome as an indication for SCS. MTUS for psychological clearance for SCS, states it is recommended. The request appears to be in accordance with MTUS guidelines.

**ALPRAZOLAM 0.5MG #60, PRESCRIBED 11/21/13:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines; Pain Outcomes and Endpoints Page(s): 24; 8-9 of 127.

**Decision rationale:** The patient presents with chronic back pain/post laminectomy syndrome. I have been asked to review for necessity of Xanax/Alprazolam. The records show the patient has been on Alprazolam since at least 2007. MTUS guidelines states benzodiazepines are not recommended for long-term and that most guidelines limit usage to 4-weeks. The continued use of Alprazolam over 6-years is not in accordance with MTUS guidelines.

**NORCO 5/325MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use; Opioids, long-term assessment, Criteria for Use of Opioids; Pain Outcomes.

**Decision rationale:** The patient presents with chronic back pain/post laminectomy syndrome. The initial pain management report from [REDACTED] is dated 9/10/13. It notes the patient is on Norco, but does not provide a baseline pain assessment. The 9/17/13, 11/7/13, and 11/21/13 follow-up reports do not discuss efficacy of the medication or provide an assessment of pain or function using a numeric scale or validated tool as required by MTUS guidelines. The records show the patient has been on Norco since 2007. The MTUS opioid section for long-term users of opioids applies. The criteria for long-term use of opioid section states: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, and the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Norco. MTUS does not recommend continuing treatment if there is not a satisfactory response.