

Case Number:	CM13-0072006		
Date Assigned:	01/08/2014	Date of Injury:	12/24/2009
Decision Date:	04/25/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/30/2013

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Florida. 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:

The patient is a 46-year-old male who reported an injury on 12/24/2009. The mechanism of injury was not provided in the medical records. The patient is diagnosed with status post L5-S1 anterior lumbar interbody fusion. His medications include methadone 5 mg, docusate sodium 250 mg, lorazepam 1 mg, Remeron 15 mg, and ibuprofen 800 mg. A 07/17/2013 clinical note indicates that the patient has significant psychiatric issues as well as a pain problem. It was noted that the patient has a history of noncompliance with his medication regimen; therefore, he was using his medication sporadically and they were under the control of his mother.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Docusate Sodium 250mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 77.

Decision rationale: According to the California MTUS Guidelines, the prophylactic treatment of constipation should be initiated with the initiation of opioid medications. The clinical information submitted for review failed to provide any recent documentation regarding the

patient's current medication use, with the most recent medication list being within his 07/17/2013 clinical note. Therefore, it is unclear whether the patient is currently utilizing opioid medications for which the prophylactic treatment of constipation would be necessary. Due to the lack of detailed documentation regarding the patient's current medication regimen, the request is not supported. As such, the request is not certified.

Lorazepam 1mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 77.

Decision rationale: According to the California MTUS Guidelines, benzodiazepines are not recommended for long-term use due to the lack of evidence proving long-term efficacy and significant risk of dependence with long-term use. The clinical information submitted for review indicated that the patient's medication list as of 07/17/2013 included lorazepam to be used every 8 hours as needed. However, no recent clinical information addressing the patient's current medications was provided for review. Therefore, it is unknown whether the patient is currently utilizing lorazepam, whether he has any positive outcome with use of this medication, or whether there have been issues of abuse. Further, as the guidelines do not recommend benzodiazepines for long-term use, the request is not certified.

60 Methadone 5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62.

Decision rationale: According to the California MTUS Guidelines, methadone may be recommended as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. The patient's 07/17/2013 clinical note indicated that he was utilizing methadone 5 mg, 2 tabs in the AM, 1 tab in the evening, and 1 tab at bedtime; however, no recent clinical notes were provided addressing the patient's use of methadone, outcome with use, and adverse effects. In the absence of more recent documentation regarding the patient's use of methadone, it is unclear whether the potential benefit outweighs the risk. Therefore, the request is not certified.

Thin Slice Lumbar CT scan with Reconstructions: 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), Criteria for Myelography and Computerized Tomography (CT) Myelography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: According to the ACOEM Guidelines, unequivocal objective findings identifying specific neurological deficits are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The clinical information submitted for review indicates that the patient is status post lumbar anterior interbody fusion. He was noted to have had a thin slice lumbar CT scan on 04/10/2013 as well as on 01/06/2014. No recent clinical notes were provided for review to suggest why the patient would require a repeat CT scan in addition to the test performed on 01/06/2014. In the absence of this documentation, the request is not supported. As such, the request is not certified.