

Case Number:	CM14-0011295		
Date Assigned:	02/21/2014	Date of Injury:	09/12/2011
Decision Date:	06/25/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/28/2014

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 Acupuncture & Pain 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 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 49-year-old female injured worker with date of injury 9/12/11. The injury was related with lower back pain with left sided radicular pain. Per 2/21/14 visit note, she reports her back pain as intermittent and moderate to severe, and her radicular pain as feeling like pins and needles. The pain is in the lower back, travels down the posterior thigh and it goes into the lateral calf and goes into her ankle but not foot or toes. She has never had pain on the right side. She stated that she was tapering herself off of Tetrahydrocannabinol (THC) and that she was aware of the side effects of the medications along with THC. MRI (magnetic resonance imaging) of the lumbar spine dated 12/10/11 revealed L5-S1 degenerative disc, broad-based bulge, broad-based left paracentral 5mm protrusion, with left S1 displacement/impingement; L4-L5 degenerative disc, with broad annular bulge, without canal or foraminal stenosis; mild subluxation identified at L3-L4, L4-L5, and L5-S1 levels. Electromyography (EMG)/ NCS (nerve conduction study) dated 12/14/11 revealed no electrical evidence of lumbar radiculopathy affecting the back or leg. There was no evidence of a superimposed plexopathy or focal sciatic or tibial neuropathy to otherwise explain her symptoms. She has been treated with physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, heat treatment, and medication management. The date of utilization review (UR) decision was 1/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

BATH SALTS, DATE OF SERVICE 12/04/3013: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rosenbaum, C., Carreiro, S., Kavita, B. Here Today, Gone Tomorrow...and Back Again? A Review of Herbal Marijuana Alternatives (K2, Spice), Synthetic Cathinones (Bath Salts), Kratom, Salvia divinorum, Methoxetamine, and Piperazines. http://www.childrens.stvincent.org/images/PDF/CME_Presentations/2013/Babu-2012-JMT-Here%20Today,%20Gone%20Tomorrow.pdf

Decision rationale: The MTUS and ODG TWC guidelines are silent on the use of bath salts. Bath salts are a psychoactive designer drug containing synthetic cathinones which cause amphetamine-like euphoric effects. The documentation submitted for review provides no rationale or support for the request. Due to the lack of clinical and credential guidelines support, the request is not medically necessary.

AMOBARBITAL, DATE OF SERVICE 12/04/3013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BARBITURATE-CONTAINING ANALGESIC AGENTS Page(s): 23.

Decision rationale: Per MTUS guidelines with regard to barbiturate-containing analgesic agents: "Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of barbiturate-containing analgesic agents due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache." As barbiturate-containing analgesic agents are not recommended by the MTUS, the request is not medically necessary.

K2 SYNTHETIC TETRAHYDROCANNABINOL (THC), DATE OF SERVICE 12/04/3013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CANNABINOIDS Page(s): 28. Decision based on Non-MTUS Citation Rosenbaum, C., Carreiro, S., Kavita, B. Here Today, Gone Tomorrow...and Back Again? A Review of Herbal Marijuana Alternatives (K2, Spice), Synthetic Cathinones (Bath Salts), Kratom, Salvia divinorum, Methoxetamine, and Piperazines. http://www.childrens.stvincent.org/images/PDF/CME_Presentations/2013/Babu-2012-JMT-Here%20Today,%20Gone%20Tomorrow.pdf

Decision rationale: Per MTUS guidelines with regard to cannabinoids, "Not recommended. In total, eleven states have approved the use of medical marijuana for the treatment of chronic pain, but there are no quality controlled clinical data with cannabinoids." K2 is an herbal marijuana alternative which may be labeled "not for human consumption." Their actual contents or ingredients are rarely clearly labeled on the packaging, and brand names may vary widely. Users recognize herbal marijuana alternatives as legal alternatives to marijuana that purportedly achieve the same clinical effects, but are not detectable by traditional marijuana screening methods. As herbal marijuana alternative is not recommended by the MTUS, the request is not medically necessary.

ALPRAZOLAM, DATE OF SERVICE 12/04/3013: Upheld

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

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

Decision rationale: With regard to benzodiazepines, the MTUS states "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." In this case, the documentation submitted for review provide no rationale or support for the request. It is not noted in the treatment plan of any of the submitted progress notes, nor is there clinical data provided to support the use of a benzodiazepine for the injured worker's diagnoses. The request is not medically necessary.

CLONAZEPAM, DATE OF SERVICE 12/04/3013: Upheld

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

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

Decision rationale: With regard to benzodiazepines, the MTUS states "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." In this case, the documentation submitted for

review provide no rationale or support for the request. It is not noted in the treatment plan of any of the submitted progress notes, nor is there clinical data provided to support the use of a benzodiazepine for the injured worker's diagnoses. The request is not medically necessary.