

Case Number:	CM14-0155752		
Date Assigned:	09/25/2014	Date of Injury:	08/08/2008
Decision Date:	11/12/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/23/2014

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 Internal Medicine, has a subspecialty in Rheumatology, and is licensed to practice in Maryland. 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 60 year old male with date of injury 8/8/2008. The mechanism of injury is not stated in the available medical records. The patient has complained of neck and low back pain since the date of injury. He has been treated with a cervical spine posterior fusion surgery, cervical epidural steroid injections, electrical nerve stimulation, physical therapy and medications. There are no radiographic data included for review. Objective: decreased and painful range of motion of the cervical and lumbar spine, decreased sensation to light touch in the C5-7 dermatomes bilaterally, positive straight leg raise on the right, decreased sensation to light touch of the right lateral foot. Diagnoses: degenerative disc disease cervical spine, degenerative disc disease lumbar spine, lumbar radiculopathy, cervical radiculopathy. Treatment plan and request: Roxicodone, Xanax, soma, cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicodone 15mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 60 year old male has complained of neck and low back pain since date of injury 8/8/2008. He has been treated with a cervical spine posterior fusion surgery, cervical epidural steroid injections, electrical nerve stimulation, physical therapy and medications to include opioids since at least 08/2011. The current request is for Roxicodone. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Roxicodone is not indicated as medically necessary.

Xanax 1 mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This 60 year old male has complained of neck and low back pain since date of injury 8/8/2008. He has been treated with a cervical spine posterior fusion surgery, cervical epidural steroid injections, electrical nerve stimulation, physical therapy and medications to include xanax since at least 07/2014. The current request is for Xanax. Per the MTUS guideline cited above, benzodiazepines are not recommended for long term use (no longer than 4 weeks) due to unproven efficacy and significant potential for dependence. The duration of use in this patient has exceeded this time frame. On the basis of the MTUS guideline cited above, Xanax is not indicated as medically necessary in this patient.

Soma 350 mg #15: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

Decision rationale: This 60 year old male has complained of neck and low back pain since date of injury 8/8/2008. He has been treated with a cervical spine posterior fusion surgery, cervical epidural steroid injections, electrical nerve stimulation, physical therapy and medications to include soma since at least 08/2011. The current request is for Soma. Per the MTUS guideline cited above, Soma is not recommended, and if used, should be used only on a short term basis (4 weeks or less). Use of Soma in this patient has exceeded the recommended time period for use. On the basis of the MTUS guideline cited above, Soma is not indicated as medically necessary.

Cognitive Behavior Therapy (Unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychologic evaluation and treatments Page(s): 100-102.

Decision rationale: This 60 year old male has complained of neck and low back pain since date of injury 8/8/2008. He has been treated with a cervical spine posterior fusion surgery, cervical epidural steroid injections, electrical nerve stimulation, physical therapy and medications. The current request is for cognitive behavioral therapy (unspecified). Per the MTUS guidelines cited above, psychosocial evaluations should determine if further psychosocial interventions, to include cognitive behavioral therapy, are indicated. There is no documentation in the available medical records of a psychologic evaluation or recommendation from a psychiatric provider for treatment with cognitive behavioral therapy. On the basis of the MTUS guidelines and the available provider records, cognitive behavioral therapy is not indicated as medically necessary.