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| <b>Case Number:</b>   | CM14-0022596 |                              |            |
| <b>Date Assigned:</b> | 06/11/2014   | <b>Date of Injury:</b>       | 06/26/2001 |
| <b>Decision Date:</b> | 08/06/2014   | <b>UR Denial Date:</b>       | 02/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/24/2014 |

### 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 Psychiatry and Neurology, Addiction Medicine, has a subspecialty in Geriatric Psychiatry 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:

Records reviewed include 327 pages of medical and administrative records. The injured worker is a 57 year old male whose diagnoses are displacement of thoracic or lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis unspecified, and dysthymic disorder. His date of injury is 06/26/2001 when he fell approximately 5 feet off of a ladder. He consistently presented to his evaluations reporting headaches and constant pain in the neck, midback, lower back radiating to both upper and lower extremities associated with numbness, tingling, weakness, cramps, and burning. Spine and upper/lower extremity pain was 6-10/10. The patient failed pain management with Norco, Vicodin, Percocet, Oxycontin, Duragesic patch, MS Contin, Opana ER, and Methadone, ultimately having to undergo detox. He had completed all allowed physical therapy and acupuncture, home exercise and stretching were recommended. On 10/23/13 the patient had a spinal cord stimulator psychological evaluation with [REDACTED]. The patient reported that he had multiple surgeries, which provided only temporary relief. In 2010 he had been taking multiple opioid pain medications and underwent detox. He had been taking Xanax for approximately 10 years on a daily basis, and was on Cymbalta. He was depressed due to his pain. He reported "all over" body pain of 4-10/10. Beck Depression Inventory=22, Beck Anxiety Inventory=28-both in the clinically significant range. He was not interested in psychotherapy. [REDACTED] considered the patient to be in the minimal to moderate range of contraindications. [REDACTED] (pain management) recommended the spinal cord stimulator as the patient had failed at least 6 months conservative treatment, had undergone extensive physiotherapy, spinal injections, and ongoing chronic pain management for over 6 months, with the hope of 50% pain relief and increase in exercise activity and functional improvement. In his re-evaluation of 5/22/14 the patient's pain

remained unchanged. Medications included Lyrica 150mg TID, Cymbalta 90mg per day, and Xanax 1mg TID.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **PSYCH CLEARANCE CONSULTATION FOR SPINAL STIMULATOR TRIAL: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101,107.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators).

**Decision rationale:** The patient's original injury was in 2001. He had since undergone multiple surgeries, but it does not appear that any of them were on his back. He failed multiple pain medications and ultimately required detox. It is unclear whether or not he followed through with the recommendation for home exercise and stretching. In addition, the patient received a psychological evaluation for spinal cord stimulator on 10/23/13 with [REDACTED], and was cleared. As such, this request is redundant and is not medically necessary.

#### **XANAX 1 MG, THREE TIMES A DAY AS NEEDED FOR ANXIETY #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24 of 127.

**Decision rationale:** By the patient's report in his psychological evaluation of 10/23/13 with [REDACTED], at that time he had been on Xanax for at least 10 years. There are no psychological/psychiatric evaluations and follow up records documenting the indications for this medication, as well as the patient's progress and any functional improvement. MTUS guidelines suggest that an antidepressant is used for anxiety disorders in lieu of long term benzodiazepines, and the patient was already on Cymbalta 90mg per day. He was well over the guideline of 4 weeks' use. As such, this request is not medically necessary.