MAXIMUS Federal Services

Case Number:	CM14-0037244		
Date Assigned:	06/25/2014	Date of Injury:	12/23/2009
Decision Date:	09/15/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/27/2014

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 Occupational 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 patient is a 54 y/o female who had developed chronic cervical and lumbar pain secondary to her DOI 12/23/09. She has been treated with physical therapy, trigger point injections and oral analgesics. The oral analgesics are reported to be Percocet 10/325 BID as needed and Duragesic Patches 15mg. q 72 hrs. She is also being treated by a Psychiatrist with Celexa 20mg every day, Seroquel 75mg every day and Wellbutrin 300mg XL. Both the Psychiatrist and primary treating physician are reported to be prescribing Xanax #60 per months. Electrodiagnostic studies have been consistent with a left C-7 radiculopathy and L4-5 lumbar radiculopathy. MRI studies have shown multiple levels with mild to moderate degenerative disc changes. No instability or fractures were noted. A recent cervical disco gram was completed and a multilevel fusion has been requested. The spinal surgeon requesting the cervical fusion has stated that the lumbar disco gram should be withheld pending the cervical fusion and its longer term outcomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Test Lumbar Provocative Discogram, Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Discography.

Decision rationale: The ACOEM Guidelines allow for discography if a surgical decision has been made that further refinement of the extent of surgery is requested. ODG Guidelines use updated literature on this subjection and do not recommend its use for any circumstances including pre-operative planning. The initial requesting surgeon is documented to want to cancel the testing pending the outcomes of the planned cervical surgery. At this time and under these circumstances the lumbar discography is not medically necessary.

Duragesic 25 mg # 15: Upheld

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

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

Decision rationale: Trials of different Opioid combinations are supported in MTUS Guidelines. This patient has been utilizing short life Opioids with some reported benefit. A trial of a long life Opioid is reasonable and consistent with MTUS Guidelines. No drugs behaviors related to Opioid use is reported. There is a history of aberrant behaviors related to prior use of Soma. A trial of Duragesic is 25ug/hr #15 is not medically necessary.

Lidoderm 5% # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine Page(s): 112.

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend topical lidocaine unless there is localized peripheral pain of a neuropathic nature. This patient does not meet the Guideline criteria. The pain is radiculopathy in nature, but appears to be widespread and not localized. The pain is not documented to be limited to a specific localized area or specific dermatome. There are no unusual circumstances to justify an exception to the Guidelines. The Lidoderm 5% #30 is not medically necessary.

Xanax .5 mg # 60: 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: The MTUS Guidelines do not recommend the chronic use of Benzodiazepines due to their addictive nature and quick development of tolerance. It is documented by the treating physician that he is prescribing Xanax and that the Psychiatrist is also prescribing Xanax. There are no reported improvements in quality of life or functional abilities as a result of the Xanax. No unique circumstances are present that would justify an exception to guideline recommendations. Therefore Xanax 0.5mg #60 is not medically necessary.

Durable Medical Equipment - LSO Brace:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Bracing.

Decision rationale: MTUS Guidelines do not support the use of back bracing for chronic spinal pain. ODG Guidelines provide additional details stating the bracing may be useful post operatively for stabilization, for use after spinal fractures or for use with documented instability. This patient has none of these conditions. The request for lumbar LSO bracing is not medically necessary.