

Case Number:	CM14-0044944		
Date Assigned:	07/02/2014	Date of Injury:	06/27/2002
Decision Date:	08/26/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/12/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 27, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier lumbar laminectomy surgery; opioid therapy; and anxiolytic medications. In a Utilization Review Report dated March 19, 2014, the claims administrator denied a request for Xanax, denied a request for Dilaudid, partially certified Norco, apparently for weaning purposes, approved methadone, and denied an epidural steroid injection. Laboratory testing, including hepatic function testing and a urine drug test, were also endorsed. The claims administrator suggested that the applicant was receiving both intrathecal and oral opioids and had been using Xanax for over a year. The applicant's attorney subsequently appealed. In a February 20, 2006 medical-legal evaluation, it was suggested that the applicant was incapacitated, depressed, and apparently not working. In another medical-legal evaluation of October 13, 2006, it was stated that the applicant had undergone at least one prior caudal epidural steroid injection on August 1, 2006 and was also status post a spinal cord stimulator implantation. The applicant was apparently using methadone and oxycodone as far back as 2006, it was stated. In a June 18, 2014 progress note, the applicant was described as having persistent complaints of back pain. The applicant reportedly quit smoking some nine days prior, it was suggested, and had grandchildren visiting him. The applicant reported highly variable pain, ranging from 3-9/10. The applicant was using Elavil and a cane, it was stated. It was stated that the applicant was resting or reclined 50% to 75% of the day. The applicant had complaints of constipation, depression, anxiety, and suicidal thoughts, it was acknowledged. Methadone, Norco, Xanax, Cymbalta, Naprosyn, and Elavil were all apparently renewed. Intrathecal opioids were also renewed. Laboratory testing was endorsed. The applicant was asked to maintain a smoke-free status and try and stretch or do some of form

of exercise on a regular basis. In an earlier note of May 21, 2014, the applicant again underwent intrathecal pain pump reprogramming. The applicant was again described as resting or reclined 50% to 75% of the working day. The applicant's pain complaints were highly variable and could be as high as 9/10. The attending provider posited that the applicant's pain was ameliorated with medications but then stated that the applicant had difficulty performing even basic activities of daily living such as lifting, sitting, bending, twisting, or walking. The applicant was described as crying, depressed, angry, anxious, and frustrated.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 XANAX XR 1 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines ,pain chronic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 15, page 402, anxiolytic medications such as Xanax may be appropriate for brief periods in cases of overwhelming symptoms so as to afford an applicant a brief alleviation of symptoms so as to recoup emotional and physical resources. Anxiolytics are not, however, recommended for the chronic, long-term, scheduled, and/or daily use purpose for which Xanax is seemingly being employed here. Therefore, the request for Xanax is not medically necessary.

1 DILAUDID 4 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic. When to Continue Opioids topic Page(s): 78,80.

Decision rationale: As noted on page 78 of the MTUS Chronic Medical Treatment Guideline, the lowest possible dose of opioids should be prescribed to improve pain and function. It is not clearly stated why two separate short-acting opioids, namely Norco and Dilaudid, are needed or indicated here. It is further noted that page 80 of the MTUS Chronic Medical Treatment Guidelines stipulates that the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant's ability to perform even basic activities of daily living such as sitting, standing, walking, etc. remains diminished, despite ongoing usage of Dilaudid. There is no concrete evidence of any lasting analgesia achieved despite ongoing Dilaudid usage. Therefore, the request for Dilaudid is not medically necessary.

1 Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic, When to Continue Opioids topic Page(s): 78,80.

Decision rationale: As noted on page 78 of the MTUS Chronic Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. In this case, it is not clearly stated why the applicant needs to use two separate short-acting opioids, namely Norco and Dilaudid and that, in conjunction with intrathecal opioids. It is further noted that the applicant seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has failed to return to work. The applicant is having difficulty performing even basic activities of daily living such as sitting, standing, lifting, and bending, despite ongoing Norco usage. For all of the stated reasons, then, the request for Norco is not medically necessary.

1 caudal epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections topic, MTUS 9792.20f Page(s): 46.

Decision rationale: As noted on page 46 of the MTUS Chronic Medical Treatment Guidelines, pursuit of repeat epidural block should be predicated on evidence of functional improvement and lasting analgesia with earlier blocks. The applicant, per a medical-legal evaluation referenced above, has had at least one prior caudal epidural steroid injection. There has, however, been no evidence of any lasting benefit or functional improvement achieved as a result of the same. The applicant is off of work. The applicant remains highly reliant and highly dependent on opioid agents, both oral and intrathecal. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite at least one prior epidural steroid injection. Therefore, the request is not medically necessary.