

<b>Case Number:</b>	CM14-0068182		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	10/08/2007
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 39-year-old male who reported an injury on 10/08/2007. The prior diagnostic studies included an MRI of the thoracic spine, lumbar spine, and cervical spine. The mechanism of injury was not provided. The injured worker's medications were noted to include Norco and Vicoprofen as of 2010, as well as antidepressants as of 2010. The documentation of 03/12/2014 revealed the injured worker had a low backache, right shoulder pain, left hip pain, left knee pain, right knee pain, left hand pain, foot pain, and abdominal pain. The pain was at 10/10. The injured worker stated that he was anxious, irritable, and angry. The physical examination revealed the injured worker had paravertebral muscle tenderness bilaterally. The motor testing was limited by pain. The diagnoses included lumbar disc disorder, lumbar radiculopathy, low back pain, and chronic pain syndrome. The treatments included a TENS unit and medications. The treatment plan included an update MRI of the lumbar spine, a Toradol injection, a urine drug screen, Norco 10/325 mg 1 to 2 every 4 to 6 hours as needed for pain, omeprazole 20 mg 1 to 2 as needed, and venlafaxine hydrochloride 75 mg 1 daily, as well as Xanax 0.5 mg 1 to 3 times a day as needed. The documentation of 10/07/2013 revealed the injured worker had a slightly antalgic gait favoring the left lower extremity. There was some left S1 hypesthesia. The reflexes were hyporeflexic, but symmetric. The lumbar range of motion was decreased. The treatment plan included a recent MRI and possibly surgical intervention. The documentation of 03/26/2014 revealed that the physician had not specifically proposed any specific surgery and the injured worker was referred for an updated MRI as the most recent one was 2011 which was noted to be out of date as far as surgical planning and scheduling. The progress report of 04/30/2014 revealed the injured worker had made progress with the alprazolam for breakthrough anxiety caused by pain and pain flare-ups and the injured worker had utilized venlafaxine and it was documented the lack of it was causing anxiety and depression

to increase. The injured worker was noted to have undergone electrodiagnostic studies. There was a Request for Authorization submitted to support the request for venlafaxine and alprazolam. There was no Request for Authorization submitted to support the other requests.

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

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

**Spinal surgery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review failed to meet the above recommendations. The request as submitted failed to indicate the surgical intervention being requested. Given the above, the request for spinal surgery is not medically necessary.

**MRI of lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines-MRI, Low Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI.

**Decision rationale:** The Official Disability Guidelines indicate repeat MRIs should be reserved for a significant change in symptoms or findings suggestive of a significant pathology. The clinical documentation submitted for review indicated the MRI was being repeated as the last one was 3 years old. There was a lack of documentation indicating the injured worker met the above criteria. Given the above, the request for MRI of the lumbar spine is not medically necessary.

**Omeprazole 20mg 1-2 daily prn:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-NSAID's, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** The California MTUS Guidelines recommend proton pump inhibitors for the treatment of dyspepsia secondary to NSAID therapy. Injured workers should be assessed for risk factors of gastrointestinal distress. The duration of use could not be established. There was a lack of documentation indicating the injured worker had dyspepsia. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for omeprazole 20 mg 1 to 2 daily prn is not medically necessary.

**Venlafaxine HCL 75mg 1 daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines-Antidepressants, Mental Illness & Stress Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

**Decision rationale:** The California MTUS Guidelines recommend antidepressants as a first-line option for the treatment of neuropathic pain. They are recommended, especially if the pain is accompanied by insomnia, anxiety, or depression. The clinical documentation submitted for review indicated the injured worker had utilized antidepressants since at least 2010. There was a lack of documentation of objective functional benefit. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for venlafaxine hydrochloride 75 mg 1 daily is not medically necessary.

**Xanax 0.5mg 1-3 times a day prn:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines do not recommend the use of benzodiazepines as treatment for injured workers with chronic pain for longer than 4 weeks due to the high risk of psychological and physiological dependence. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. The documentation indicated the injured worker had utilized the medication in the past and it had been effective. However, there was a lack of documentation of objective functional benefit that was received. The request as submitted failed to indicate the quantity of

medication being requested. Given the above, the request for Xanax 0.5 mg 1 to 3 times a day prn is not medically necessary.