

Case Number:	CM14-0189090		
Date Assigned:	11/20/2014	Date of Injury:	07/12/2004
Decision Date:	01/08/2015	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/12/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 38 year old male with date of injury 7/12/04. The treating physician report dated 09/22/14 (page 331) indicates that the injured worker presents with pain and depression. The physical examination findings reveal the injured worker is appropriately groomed; more depressed; non-suicidal or homicidal; no evidence of hallucinations or delusions; oriented to person, place, time, and situation; and memory is grossly intact to immediate recall, recent and remote events. The current diagnosis is: 1. Affective Psychosis Nos. The utilization review report dated 10/25/14 denied the request for Lexapro, Valium, Remeron, Cervical Myelogram, Post Computed Tomography (CT) Myelogram Scan, and Oxycodone base on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10 mg #60 with 4 refills: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The current request is for Valium 10 mg #60 with 4 refills. The treating physician does not indicate what the clinical application for this medication is. The MTUS guidelines state, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant." In this case the treating physician has indicated that the injured worker has been prescribed this medication since at least 04/21/14. The guidelines do not support long-term use of this medication. The request for Valium 10 mg is not medically necessary.

Remeron 30 mg #30 with 3 refills: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Agency of Healthcare Research and Quality National Guideline Clearinghouse <http://www.guideline.gov/content.aspx?id=24158&search=remeron> AETNA Pharmacy Clinical Policy <http://www.aetna.com/products/rxnonmedicare/data/2013/CNS2013/antidepressants.html>.

Decision rationale: The current request is for Remeron 30 mg #30 with 3 refills. The treating physician indicates that the current request is for the treatment of depression. Both the MTUS and ODG guidelines do not address Remeron. The National Guideline Clearinghouse, Practice guideline for the treatment of patients with major depressive disorder does recommend the usage of Remeron. The AETNA Pharmacy Clinical Policy does recommend Remeron for the treatment of depression. In this case the injured worker suffers from depression. The guidelines in this case support the current request. The request for Remeron 30 mg is medically necessary.

Cervical Myelogram: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Neck Chapter

Decision rationale: The current request is for a Cervical Myelogram. The treating physician indicates that the current request is for evaluating cervical pain and to rule out cervical stenosis. The MTUS guidelines do not cover this topic. The ODG guidelines state, "Not recommended except for selected indications below, when MR imaging cannot be performed, or in addition to MRI. Myelography or CT-myelography may be useful for preoperative planning." In this case the treating physician does not provide any information indicating that injured worker meets the criteria for the current request. In this case the treating physician has not documented any of the required criteria set forth in the ODG guidelines. The request for a Cervical Myelogram is not medically necessary.

Post Myelogram Computed Tomography (CT) Scan: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Neck Chapter

Decision rationale: The injured worker presents with depression and general pain. The current request is for Post myelogram CT scan. The treating physician indicates that the current request is for evaluating cervical pain and to rule out cervical stenosis. The MTUS guidelines do not cover this topic. The ODG guidelines state "not recommended except for selected indications below, when MR imaging cannot be performed, or in addition to MRI. Myelography or CT-myelography may be useful for preoperative planning." The guidelines also state that there are criteria specifically needed for a myelogram, "1. Demonstration of the site of cerebrospinal fluid leak. 2. surgical planning, especially in regards to nerve roots; a myelogram can show whether surgical treatment is promising in a given case and , if it is, can help in planning therapy. 3. Radiation therapy planning, for tumors involving the bony spine, meninges, nerve roots or spinal cord. 4. Diagnostic evaluation of spinal or basal cisternal disease, and infection involving the bony spine, intervertebral discs, meninges, and surrounding soft tissues, or inflammation of the arachnoid membrane that covers the spine cord. 5. Poor correlation of physical findings with MRI studies. 6. Use of MRI precluded because of: A. Claustrophobia. B. Technical Issues, e.g. Patient size. C. Safety reason, e.g., pacemaker. D. Surgical hardware." In this case the treating physician has not established the required criteria for a myelogram and therefore the post myelogram CT scan is not recommended. The request for Post Myelogram Computed Tomography (CT) Scan is not medically necessary.