

Case Number:	CM14-0198100		
Date Assigned:	12/01/2014	Date of Injury:	02/21/2005
Decision Date:	01/28/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/17/2014

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, has a subspecialty in Interventional spine 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 is a 37 year old male with a work related injury dated 02/21/2005. According to a visit note dated 09/25/2014, the injured worker presented for a follow up on stable chronic pain from lumbar burst fracture and cauda equina. Diagnoses included injury at T11-T12 level of thoracic spinal cord, neurogenic bowel and bladder, urinary retention, osteopenia, closed fracture of L1 vertebra, tibia fracture, cauda equina syndrome, bilateral foot drop, depression, diaphoresis, ulnar neuropathy, chronic pain, muscle spasticity, and acute traumatic spinal cord injury. Noted treatments have consisted of medications. Work status is noted as permanent and stationary with residual permanent disability expected. Examination revealed foot drop bilaterally and spastic paralysis in the bilateral feet. Examination on 7/24/14, showed positive sensory change and weakness. On 11/10/2014, Utilization Review non-certified the request for 1 DEXA Bone Scan and modified the requests for 1 prescription of Xanax (Alprazolam) 1mg #60 with 2 refills, 1 prescription of Neurontin 300 mg #300 with 10 refills, 1 prescription of Prozac (Fluoxetine) 40 mg #180 with 3 refills, and 1 prescription of Dolophine (Methadone) 10 mg #90 to 1 prescription of Xanax (Alprazolam) 1 mg #60, 1 prescription of Neurontin 300 mg #300, 1 prescription of Prozac (Fluoxetine) 40 mg #180, and 1 prescription of Dolophine (Methadone) 10 mg #63.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 DEXA bone scan: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronic)

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-Lumbar and Thoracic (Acute and Chronic), Bone scan

Decision rationale: MTUS does not address bone scans. ODG Guidelines, Low Back-Lumbar and Thoracic (Acute and Chronic) chapter, has the following regarding Bone scan, "Not recommended, except for bone infection, cancer, or arthritis." In this case, the patient suffered a lumbar burst fracture and has continued issues of chronic pain, arthritis and osteopenia. The ODG guidelines support the request for bone scan for patients with arthritis. The current request is medically necessary.

1 prescription of Xanax (Alprazolam) 1 mg, #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic)

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

Decision rationale: For benzodiazepines, the MTUS Guidelines page 24 states, "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is risk of dependency." Review of the medical file indicates the patient has been presents Xanax since at least 03/17/2014. The MTUS Guidelines recommends maximum of 4 weeks due to "unproven efficacy and risk of dependence." The requested Xanax is not medical necessary.

1 prescription of Neurontin 300 mg, #300 with 10 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) and Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin Page(s): 18-19.

Decision rationale: This patient presents with chronic low back pain. The current request is for 1 prescription of Neurontin 300 mg #300 with 10 refills. The MTUS Guidelines pages 18 and 19 have the following regarding Neurontin (Gabapentin), "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered the first-line treatment for neuropathic pain." Review of the medical file indicates the patient has been prescribed Neurontin since at least 03/07/2014. Progress report dated 05/16/2014 notes that the patient is improving and tolerating medications well. There is no further discussion regarding medication efficacy. Report from 09/25/2014 notes pain is stable

and the patient is tolerating pain medications well. In this case, the patient presents with some radicular symptoms for which Neurontin may be indicated for and the treating physician has continually noted that the patient's pain is stable with medications. The requested Neurontin is medically necessary.

1 prescription of Prozac (Fluoxetine) 40 mg, #180 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness and Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

Decision rationale: This patient presents with chronic low back pain. The current request is for 1 prescription of Prozac (fluoxetine) 40 mg #180 with 3 refills. For Anti-depressants, the MTUS page 13-15 states, "Selective Serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of SSRIs and pain." In this case, there are no discussions of psychological issues in this patient that might require this medication. Given the lack of discussion regarding medical necessity, recommendation for further use cannot be supported. The requested Prozac is not medical necessary.

1 prescription of Dolophine (Methadone) 10 mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88, 89, 78.

Decision rationale: This patient presents with chronic low back pain. The current request is for 1 prescription of Dolophine (Methadone) 10 mg #90. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been utilizing this medication since at least 03/17/2014. In this case, recommendation for further use of Dolophine cannot be supported as the treating physician has been provided no discussion regarding this medication's efficacy. Progress reports continually note pain is stable, and patient is tolerating medications well, but there is no before and after pain scale to denote decrease in pain; and functional improvement or changes in ADLs is not provided. Urine drug screens or CURES reports to monitor for compliance are also not provided as required by MTUS for opiate management. Adverse side

effects and aberrant behaviors are not addressed either. The treating physician has not provided adequate documentation addressing the 4As as required by MTUS for opiate management. The requested Dolophine is not medically necessary, and the recommendation is for slow weaning per MTUS Guidelines.