

Case Number:	CM14-0202848		
Date Assigned:	12/15/2014	Date of Injury:	05/28/2004
Decision Date:	02/05/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/04/2014

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 Rehab, has a subspecialty in Pain 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 is a male patient with a date of injury of May 28, 2004. A utilization review determination dated November 19, 2014 recommends non-certification of VQ Tech TENS accessories, Xanax 2mg #60 with modification to #45 for downward titration, and urinalysis. A progress note dated October 8, 2014 identifies subjective complaints of ongoing neck and low back pain, pain in the upper extremities, and hip issues. The patient complains of burning pain in the neck. The patient rates his low back pain as a 6-8/10, left leg pain rated at a 6/10, and the patient complains of weakness with muscle spasm bilaterally. The patient is currently taking Tylenol #4, tramadol, Xanax, and Prozac. The physical examination identifies tenderness, spasm, and tightness over the paralumbar musculature. Range of motion of the lumbar spine is reduced and there is decreased L5 dermatome sensation. The diagnoses include cervical discopathy, status post anterior cervical discectomy and fusion at C5-C6 and C6-C7, lumbar spine discopathy, hip pain, and arteriovenous malformation. The treatment plan recommends a urinalysis, Vtech TENS accessories, a prescription for Prozac 20 mg #60, a prescription for Xanax 2 mg #60. The urinalysis that was done during the visit was positive for hydrocodone which is likely a derivative metabolite of codeine, there is a statement that the patient is taking morphine, and there is also a statement indicating that the patient is not taking morphine and does not have any contact with the use of morphine. A urine drug screen collected July 2, 2014 identifies consistent findings of alprazolam and codeine and inconsistent findings of morphine, tramadol, and hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for VQ Tech Tens accessories with a dos of 10/8/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114-121.

Decision rationale: Regarding the request for VQ Tech TENS accessories, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is no indication that the patient has undergone a TENS unit trial, and no documentation of any specific objective functional deficits which a TENS unit trial would be intended to address. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. In the absence of clarity regarding those issues, the currently requested VQ Tech TENS accessories are not medically necessary.

Retrospective request for Xanax 2 mg #60 with a dos of 10/8/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Benzodiazepines

Decision rationale: Regarding the request for Xanax 2mg #60, Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "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... Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. In the absence of such documentation, the currently requested Xanax 2mg #60 is not medically necessary.

Retrospective request for Urinalysis with a dos of 10/8/2014: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing

Decision rationale: Regarding the request for a urinalysis, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, there is documentation of inconsistent urine drug screen findings on July 2, 2014. In light of the above issues, the currently requested urinalysis is medically necessary.