

<b>Case Number:</b>	CM14-0207756		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	05/22/1997
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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:

This individual is a 51-years /old male who has developed chronic spinal pain subsequent to an injury dated 5/22/97. His primary diagnosis is cervical radiculopathy and treatment has included cervical surgery X's 3 with redo due to incomplete fusion. He has an implantable drug delivery system. He has a remote history of a brain abscess and has hepatitis C due to prior drug misuse. His VAS scores remain at 8/10 without change from visit to visit. Medications have included Dilaudid 8mg TID, injectable Fentanyl/Bupivacaine and Seroquel. His claim includes a psychological component and the primary treating is temporarily prescribing Seroquel while he becomes established with a psychiatrist, he has had difficulty finding a psychiatrist that accepts workers compensation. He temporarily experienced increased numbness and weakness in his right leg after the Intrathecal drugs were increased; these symptoms have resolved over time. A dye injection evaluation of the catheter in '13 was normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**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, Magnetic resonance imaging.

**Decision rationale:** MTUS Guidelines do not directly address the issue of repeat MRI studies of the spine. ODG Guidelines directly address repeat studies and do not recommend it unless there are new objective changes in neurological status, persistent neurological symptoms or it is necessary for surgical planning. None of these qualifying standards are met. The request for the lumbar MRI is not medically necessary.

**MRI of the thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178.

**Decision rationale:** MTUS Guidelines support MRI studies of the upper spine when there are objective neurological changes and/or a defined surgical condition. In this individual there is no mention of thoracic spinal problems and no mention of a suspected catheter granuloma. The rationale for the thoracic spine MRI is not communicated in the medical records reviewed. Under these circumstances the request is not consistent with Guidelines and is not medically necessary.

**Genetic testing for resistance to opioids:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Genetic Testing; <http://www.painphysicianjournal.com/2014/september/2014;17;425-445.pdf>.

**Decision rationale:** MTUS Guidelines do not address this issue. ODG Guidelines address genetic testing for the issue of addictive risk. Other medical reviews address the issue of genetic testing for abuse and rapid metabolizers. This request for testing is due to the high levels of opioid utilized with minimal effect. The theory behind this testing is to help choose the most effective opioid. This individual has already been trialed on the various opioid groups that one may utilize based on genetic metabolic testing. The benefit of genetic testing is not clear under these circumstances and is not medically necessary.

**Diazepam 10mg #2:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Seroquel 400mg #34:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental, Antidepressants for major depression.

**Decision rationale:** MTUS Guidelines do not address this issue for use of atypical antidepressants for major depression. ODG Guidelines address this in more detail and support their use under limited circumstances. This individual has been pursuing Psychiatric care with some difficulty. Pending an evaluation and recommendations from a Psychiatrist, it is medically reasonable/necessary for the primary treating physician to prescribe the Seroquel 400mg. #34.

**Dilaudid 8mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**Decision rationale:** MTUS Guidelines supports the judicious use of opioids when there is clear evidence of pain relief and functional benefits. The required evidence includes details regarding the timing of opioid medication use, the level of pain relief and length of pain relief. These standards have not been met with this individual. VAS scores appear fixed over a long time period and accelerating opioids do not appear to impact this. The Dilaudid 8 mg#90 is not medically necessary.