

Case Number:	CM15-0105763		
Date Assigned:	06/10/2015	Date of Injury:	06/04/2003
Decision Date:	07/27/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 56 year old female who sustained an industrial injury on 06/04/03. Pain management progress note dated 04/14/15 reports complaints of low back pain, more sharp and stabbing lower down over the tailbone. The pain worsens with increased activity and also with sitting also with complaints of lower extremity pain and headaches. Headaches have become progressively worse. The spinal cord simulator has been helpful in reducing the pain. Current diagnoses include: failed back surgery syndrome; history of previous lumbar surgeries/fusions, left lower extremity radiculitis, status post implantation of spinal cord simulator system (09/12/11) and bi-temporal headaches. Plan of care includes: exercise daily, Xanax and bilateral sphenopalatine ganglion block. Discussed procedure benefits and risks Urinary drug screen within normal limits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sphenopalatine ganglion block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head, Sphenopalatine ganglion (SPG) nerve block for headaches.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - head, nerve block.

Decision rationale: The medical records provided for review do not document the presence of positive physical examination findings supportive of cluster type headaches or document the failure of at least 4-6 weeks of conservative treatment including PT or home exercises. ODG supports SPG blocks with: 1. The history and physical supportive of cluster type headaches 2. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. As such the medical records provided for review do not support medical treatment of SPG block bilateral. Therefore the request is not medically necessary.

Xanax .5mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain benzodiazepines.

Decision rationale: ODG guidelines support xanax is not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly (3- 14 day). 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. The medical records provided for review do not document the presence of an anxiety condition shown to benefit from long term therapy with the requested medication and is not supported under ODG guidelines for use in pain or spasm. The request is not medically necessary.