

Case Number:	CM15-0164427		
Date Assigned:	09/01/2015	Date of Injury:	10/23/2009
Decision Date:	10/26/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/21/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 35 year old female who sustained an industrial injury on 10-23-2009. According to a progress report dated 07-27-2015, the injured worker reported that her pain levels continued to go from a 10 on a scale of 1-10 down to a 4 at best with the use of Norco. Her current pain level was 7. During her last visit she had discussed getting an updated MRI. Her last MRI was in 2011 for her low back. For the last 6 months she had been having increased sciatic pain in the left lower extremity. She was also having more problems with nausea. She was still unable to get in to urology yet. Her left knee continued to hurt. She had been using a sample of Voltaren gel that helped significantly. Current medications included Norco, Gabapentin, Biofreeze, Xanax, Robaxin, Percocet, Naproxen, Phenergan and Voltaren 1% Gel. Objective findings included positive straight leg raise on the left with radicular pains in the posterior thigh. She also had significant crepitus over the left knee. No swelling was indicated on inspection of the knee. She continued with some tenderness to palpation along the lateral side of the joint line of the knee. Diagnoses included low back pain with L5-S1 5 millimeter disk extrusion posteriorly to the left with an annular disk tear at L4-L5 with 2 millimeter disk protrusion to the right L3-L4, 1-2 millimeter disk bulge posterior to the right, disk desiccation noted at L1-L2, L4- L5 and L5-S1, lumbar radiculitis and left knee pain secondary to straining injury. The provider noted that the injured worker had increased radicular symptoms in the posterior thigh for several months and had not returned to baseline. The treatment plan included updated MRI of the lumbar spine, Voltaren gel, Gabapentin, Naproxen, Norco, Xanax, Robaxin and Phenergan. She was to return for follow up in 2 months. Work status was noted as under future medical benefits. Currently under review is the request for an updated MRI of the lumbar

spine, Xanax 0.5 mg twice daily #30 with 1 refill prescribed 7-27-2015 and Phenergan 25 mg daily #30 with 1 refill prescribed 7-27-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Updated MRI of Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: American College of Occupational and Environmental Medicine Page 303, Low Back Complaints Key case observations are as follows. The claimant was injured in 2009 with low back pain. The MRI showed an L5-S1 5 millimeter disk extrusion posteriorly to the left with an annular disk tear at L4-L5 with 2 millimeter disk protrusion to the right at L3-L4, a 1-2 millimeter disk bulge posterior to the right, disk desiccation noted at L1-L2, L4-L5 and L5-S1, lumbar radiculitis and left knee pain secondary to a strain injury. The provider noted that the injured worker had increased radicular symptoms in the posterior thigh for several months, and had not returned to baseline. However, no progression of neurologic objective signs were reported. Under MTUS/ACOEM, although there is subjective information presented in regarding increasing pain, there are little accompanying physical signs. Even if the signs are of an equivocal nature, the MTUS note that electrodiagnostic confirmation generally comes first. They note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study". The guides warn that indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. I did not find electrodiagnostic studies or physical exam showing evolving or progressive neurologic signs. The request is not medically necessary.

Xanax 0.5mg twice daily #30 with 1 refill prescribed 7/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Benzodiazepines.

Decision rationale: As previously noted, key case observations are as follows. The claimant was injured in 2009. The provider noted that the injured worker had increased radicular symptoms in the posterior thigh for several months and had not returned to baseline. No

objective signs were noted in the records, however, and there was no mention of objective functional improvement out of medicines. There is no mention of anxiety or severe muscle spasm that might drive the need for a benzodiazepine. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding benzodiazepine medications, the ODG notes in the Pain section: 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. In this case, with the refill, it appears the usage is long term, which is unsupported in the guidelines. The objective benefit from the medicine is not disclosed. The side effects are not discussed. The request is appropriately not medically necessary following the evidence-based guideline.

Phenergan 25mg daily #30 with 1 refill prescribed 7/27/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain section, Phenergan.

Decision rationale: As noted, key case observations are as follows. The claimant was injured in 2009. She was having more problems with nausea; no other detail is noted. Diagnoses included low back pain, lumbar radiculitis and left knee pain secondary to a straining injury. The ODG notes in the Pain section under Phenergan: Not recommended for nausea and vomiting secondary to chronic opioid use. See Antiemetics (for opioid nausea). No source of the nausea is noted; and no workup for the nausea is noted. It would be clinically inappropriate to mask the symptom with Phenergan without an etiology. If the nausea were due to opiates, its use is not supported. The request is appropriately not medically necessary.