MAXIMUS Federal Services

Case Number:	CM15-0186079		
Date Assigned:	09/28/2015	Date of Injury:	04/23/1996
Decision Date:	12/08/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/21/2015

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: Pennsylvania, Ohio, California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old female, who sustained an industrial injury on 04-23-1996. The injured worker is currently permanently 100% totally disabled. Medical records indicated that the injured worker is undergoing treatment for chronic migraine headaches, lumbar spine sprain-strain syndrome, lumbar radiculopathy, failed back surgery syndrome, and bilateral knee joint arthropathy. Treatment and diagnostics to date has included lumbar medial branch block, Botox injections, and medications. Current medications include Percocet, Norco, Soma, Maxalt, Trazodone, Lidoderm patch, and Xanax.After review of progress notes dated 08-05-2015 and 09- 01-2015, the injured worker reported back and bilateral knee pain. The treating physician noted that the injured worker's migraine headaches were "significantly better after the injections (Botox) and she needed only half of her medications occasionally" and the injured worker had a rhizotomy in August and her pain was reduced by "60-70%." Objective findings included tenderness to palpation to lumbar spine with restricted range of motion, back stiffness and weakness, muscle spasm, and frequent limp. The Utilization Review with a decision date of 09-09-2015 non-certified the request for Trazodone 50mg #60, Lidoderm patch 5% #30, Xanax 0.5mg #90, follow-up visit, lumbar rhizotomy-piriformis, and Botox injection for migraine headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, (Chronic) Chapter: Trazodone (Desyrel) and Mental Illness & Stress Chapter: Trazodone (Desyrel).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG/Mental Health /Trazodone.

Decision rationale: MTUS does not discuss indications for Trazadone. ACOEM Chapter 6 Chronic Pain Revised 99 does discuss Trazadone and states that this anti-depressant is strongly not recommended for treatment of chronic pain without depression. ODG states that trazodone is recommended as an option for insomnia for patients with co-existing depression or anxiety. The records do not meet these criteria to document a rationale and indication for Trazodone, nor do the records provide other clinical reasoning to support this request. The request is not medically necessary.

Lidoderm patch 5%, 330: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: MTUS recommends topical Lidoderm only for localized peripheral neuropathic pain after a trial of first-line therapy. The records in this case do not document such a localized peripheral neuropathic diagnosis, and the guidelines do not provide an alternate rationale. This request is not medically necessary.

Xanax 0.5mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Benzodiazepines are not recommended by MTUS for long-term use due to lack of demonstrated efficacy and a risk of dependence. Tolerance to hypnotic or anxiolytic effects is common, and long-term use may actually increase rather than decrease anxiety. Benzodiazepines are rarely a treatment of choice in a chronic condition. The records do not provide a rationale for an exception to this guideline. This request is not medically necessary.

Follow-up visit: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter: Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG/Pain/Office Visits.

Decision rationale: Official Disability Guidelines/Treatment in Workers Compensation/Pain states regarding office visits "Recommended as determined to be medically necessary. Evaluation and management of outpatient visits to the office of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker and they should be encouraged." A prior physician review concluded that treatment guidelines do not support an indefinite number of office visits; while this is true, the current request for one follow-up visit is supported given the complexity and intensity of the patient's ongoing symptoms. Therefore this request is medically necessary.

Lumbar rhizotomy/piriformis: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2015, Low Back-Lumbar & thoracic (Acute & Chronic) chapter: Facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

Decision rationale: ACOEM concludes that invasive lumbar techniques such as facet injections are of questionable merit. The records do not provide an alternate rationale in support of the requested treatment. The requested procedure is particularly not indicated given the absence of clear documentation regarding functional improvement from prior rhizotomy treatment; moreover, the combined request for rhizotomy treatment and a piriformis injection suggests the uncertainty of a focal diagnosis likely to be amenable to invasive pain management. For these multiple reasons, this request is not medically necessary.

Botox injection for migraine headaches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Botulinum toxin (Botox Myobloc).

Decision rationale: MTUS recommends the use of Botox for cervical dystonia (not generally a work related to condition) but not for chronic pain disorders. MTUS does not recommend botox for treatment of migraine headaches, as requested in this case. The records and guidelines do not support this request. The request is not medically necessary.