

<b>Case Number:</b>	CM15-0030408		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	10/06/2000
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: California, Massachusetts

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 53 year old female, who sustained an industrial injury on 10/6/2000. The current diagnoses are degeneration of the lumbar or lumbosacral intervertebral disc, sacroiliac joint dysfunction, lumbar radiculopathy, and osteoarthritis of spinal facet joint. Currently, the injured worker complains of pain in the low back, leg, right hip, and thigh. The pain is rated 6-7/10 with medications and 10/10 without. Current medications are Norco, Ultram, Lidoderm patch, and Ibuprofen. The physical examination of the lumbar spine revealed worse tenderness and tightness over the right lumbosacral area on palpation. Range of motion is restricted. There is positive straight leg raise test on the right. Treatment to date has included medications, heat, ice, rest, gentle stretching, and exercises. The treating physician is requesting Percocet 10/325mg #90, Alprazolam 1mg #30, and MRI of the lumbar spine, which is now under review. On 1/19/2015, Utilization Review had non-certified a request for Percocet 10/325mg #90, Alprazolam 1mg #30, and MRI of the lumbar spine. The California MTUS Chronic Pain and ACOEM Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging) of the lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** According to the provided medical records the injured worker has neuropathic symptoms consistent with lumbar radiculopathy as well as physical exam findings consistent with a neuropathic origin of pain (positive straight leg raise, decreased sensation). Considering the injured workers continued chronic neuropathic pain and positive physical exam findings, lumbar evaluation of the spinal cord, discs and spinal nerves by MRI is clinically appropriate. ACOEM guidelines state that lumbar MRI is appropriate for nerve type pain lasting greater than 3 months that do not respond to treatment and there is physiological evidence of nerve impairment. Based on these findings on clinical record and the cited guidelines, MRI is indicated.

**Percocet 10/325mg, QTY: 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-94.

**Decision rationale:** According to MTUS guidelines, "opioids have been suggested for neuropathic pain that has not responded to first-line recommendations. Additionally there are no trials of long-term use. There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant neuropathy". The injured worker has been prescribed two different short acting opioids (ultram and Percocet) with no record of first line agent for neuropathic pain. It is recommended that the patient first be treated with a neuropathic agent prior to continuing with short acting opioids. Consequently based on the guidelines and records, continued treatment with Percocet is not supported at this time.

**Alprazolam 1mg, QTY: 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** According to the MTUS guidelines, benzodiazepines such as the above medication is 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 week. Additionally, the guidelines state that "tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." The patient has been on this specific benzodiazepine medication for more than 4 weeks and there is no cited efficacy in the provided medical records to support continued

use. Consequently the medical records and cited guidelines do not support continued use of this medication at this time.