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| Case Number: | CM15-0082659 | | |
| Date Assigned: | 05/05/2015 | Date of Injury: | 11/30/2005 |
| Decision Date: | 07/03/2015 | UR Denial Date: | 04/14/2015 |
| Priority: | Standard | Application Received: | 04/29/2015 |

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, Illinois

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 42-year-old male, who sustained an industrial injury on 11/30/2005, after being trapped under a heavy roll of wire. The injured worker was diagnosed as having severe depression with suicidal ideation, headaches, cervical and lumbar pain, spinal arachnoiditis, severe left lower extremity reflex sympathetic dystrophy, right mid tibia-fibula fracture status post open reduction and internal fixation, severe right foot osteopenia, and occasional bowel and bladder incontinence. Treatment to date has included diagnostics, surgical intervention to his right leg and lumbar spine, spinal cord stimulator, mental health treatment, and medications. Several documents within the submitted medical records are difficult to decipher. On 3/25/2015, the injured worker complained of increased upper extremity shoulder and elbow pain (with use of wrist canes broken-needs new ones), increased low back pain with any movement (needs new electric wheelchair and extra light wheelchair), bowel and bladder incontinence 4x per month, severe bilateral lower extremity spasms with increased pain, abdominal and stomach pain, and severe lumbar pain traveling to the lower extremities, with weakness and numbness, severe pain in shoulder, traveling to fingers, with weakness and numbness. He also reported headaches, depression, and erectile dysfunction. Exam noted T3 level spastic paraparesis. He was wheelchair bound and used a wrap around walker for short distance to bathroom. Also noted were severe left lower extremity paresthesia, hypalgesia, allodynia, and atrophy. Medications included Ambien, Vicodon, Zanaflex, and Gabapentin (since at least 10/2014). He also indicated the use of Bupropion, Hydroxyzine, and Sertraline. The treatment plan included magnetic resonance imaging of the lumbar spine, with and without contrast, and medication refills.

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 with contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation 1. Official Disability Guidelines (ODG), MRIs (magnetic resonance imaging), Low Back - Lumbar & Thoracic (Acute & Chronic), American College of Radiology, 2. ACR Appropriateness Criteria <http://www.acr.org/~/media/ACR/Documents/AppCriteria/Diagnostic/LowBackPain.pdf>.

Decision rationale: The injured worker sustained a work related injury on 11/30/2005. The medical records provided indicate the diagnosis of severe depression with suicidal ideation, headaches, cervical and lumbar pain, spinal arachnoiditis, severe left lower extremity reflex sympathetic dystrophy, right mid tibia-fibula fracture status post open reduction and internal fixation, severe right foot osteopenia, and occasional bowel and bladder incontinence. Treatment to date has included diagnostics, surgical intervention to his right leg and lumbar spine, spinal cord stimulator, mental health treatment, and medications. The medical records provided for review do indicate a medical necessity for MRI of the lumbar spine with contrast. The medical records indicate the injured worker is wheelchair bound, is unable to walk, has erectile dysfunction and bowel and bladder incontinence, all unequivocal evidences of neurological compromise. The injured worker has had back surgery in the past. While the MTUS recommends against indiscriminate IMAGING, The MTUS recommends MRI when there is unequivocal evidence of neurological compromise. The Official Disability Guidelines states MRI is the test of choice in cases of prior back surgery. The College of Radiology Appropriateness Criteria recommends Lumbar contrast MRI for suspected of epidural or intraspinal neoplasia, if noncontrast MRI is nondiagnostic or indeterminate; Can differentiate disc from scar. Based on the above information, Lumbar MRI is indicated. However, contrast MRI is better done if the Non Contrast MRI is nondiagnostic or indeterminate, especially as a this injured worker has a history of back surgery. Contrast MRI is associated with risks not found in non contrast.

MRI of the lumbar spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRIs (magnetic resonance imaging), Low Back - Lumbar & Thoracic (Acute & Chronic).

Decision rationale: The injured worker sustained a work related injury on 11/30/2005. The medical records provided indicate the diagnosis of severe depression with suicidal ideation,

headaches, cervical and lumbar pain, spinal arachnoiditis, severe left lower extremity reflex sympathetic dystrophy, right mid tibia-fibula fracture status post open reduction and internal fixation, severe right foot osteopenia, and occasional bowel and bladder incontinence. Treatment to date has included diagnostics, surgical intervention to his right leg and lumbar spine, spinal cord stimulator, mental health treatment, and medications. The medical records provided for review do indicate a medical necessity for MRI of the lumbar spine without contrast. The medical records indicate the injured worker is wheelchair bound, is unable to walk, has erectile dysfunction and bowel and bladder incontinence, all unequivocal evidences of neurological compromise. The injured worker has had back surgery in the past. While the MTUS recommends against indiscriminate IMAGING, The MTUS recommends MRI when there is unequivocal evidence of neurological compromise. The Official Disability Guidelines states MRI is the test of choice in cases of prior back surgery.

Vicodin 7.5/300mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 80-83, 86, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88.

Decision rationale: The injured worker sustained a work related injury on 11/30/2005. The medical records provided indicate the diagnosis of severe depression with suicidal ideation, headaches, cervical and lumbar pain, spinal arachnoiditis, severe left lower extremity reflex sympathetic dystrophy, right mid tibia-fibula fracture status post open reduction and internal fixation, severe right foot osteopenia, and occasional bowel and bladder incontinence. Treatment to date has included diagnostics, surgical intervention to his right leg and lumbar spine, spinal cord stimulator, mental health treatment, and medications. The medical records provided for review do not indicate a medical necessity for Vicodin 7.5/300mg #120. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the use of this medication predates 2010, but with no overall improvement; the pain and functional improvement are not being compared with baseline level every six months as recommended by the MTUS for users of opioids for longer than 6 months.

Ambien 10mg (unspecified qty): Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 11/30/2005. The medical records provided indicate the diagnosis of evere depression with suicidal ideation, headaches, cervical and lumbar pain, spinal arachnoiditis, severe left lower extremity reflex sympathetic dystrophy, right mid tibia-fibula fracture status post open reduction and internal fixation, severe right foot osteopenia, and occasional bowel and bladder incontinence. Treatment to date has included diagnostics, surgical intervention to his right leg and lumbar spine, spinal cord stimulator, mental health treatment, and medications. The medical records provided for review do not indicate a medical necessity for Ambien 10mg (unspecified qty). Zolpidem (Ambien), is a non-Benzodiazepine sedative-hypnotics approved for treatment of insomnia. The MTUS is silent on this but the Official Disability Guidelines recommends against its use for greater than two to six weeks. The request is for an unspecified quantity, besides, the records indicate the injured worker has been on this medication for a long time.

Gabapentin 600mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16.

Decision rationale: The injured worker sustained a work related injury on 11/30/2005. The medical records provided indicate the diagnosis of evere depression with suicidal ideation, headaches, cervical and lumbar pain, spinal arachnoiditis, severe left lower extremity reflex sympathetic dystrophy, right mid tibia-fibula fracture status post open reduction and internal fixation, severe right foot osteopenia, and occasional bowel and bladder incontinence. Treatment to date has included diagnostics, surgical intervention to his right leg and lumbar spine, spinal cord stimulator, mental health treatment, and medications. The medical records provided for review do not indicate a medical necessity for Gabapentin 600mg #120 The MTUS recommends the use of the antiepileptic drugs for the treatment of neuropathic pain. The guidelines recommends that continued use be based on evidence of 30 % reduction in pain, otherwise switch to a different first line agent, or combine with another first line agent. The disease conditions where the antiepileptic drugs have been found useful include: Spinal cord injury Complex Regional Pain Syndrome (reflex sympathetic dystrophy), Fibromyalgia, Lumbar spinal stenosis, Post Op pain. Painful polyneuropathy: Post herpetic neuralgia. The records indicate the use of this medication predates 5/2014, but with no documented improvement.