

Case Number:	CM15-0086745		
Date Assigned:	05/11/2015	Date of Injury:	05/01/2000
Decision Date:	06/11/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/05/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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:

This 52 year old female sustained an industrial injury to the back and knee on 5/1/00. Previous treatment included magnetic resonance imaging, physical therapy, aqua therapy, epidural steroid injections, radio frequency rhizotomy, nucleoplasty, cognitive behavioral therapy and medications. Magnetic resonance imaging lumbar spine (2012) showed disc bulge at L3-4, L4-5 and L5-S1. In a PR-2 dated 11/24/14, the physician noted that the injured worker had fallen once since her last visit and four times over the past six months due to the left leg given way. The injured worker reported that recent cognitive behavioral therapy was beneficial. The physician noted that the injured worker was unable to do land based exercises due to pain. Current diagnoses included chronic anxiety due to pain, knee pain, back pain and peripheral neuropathy. The treatment plan included continuing medications (Percocet, Oxycontin, Xanax {since 9/17/12}, Soma, Thermacare patches and topical compound cream).

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

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

Decision rationale: Guidelines do not recommend xanax for long term use (over 2 weeks). In this case, xanax was modified for purposes of weaning which should have already been completed. The request for xanax 0.5 mg #120 is not medically appropriate and necessary.

TENS (transcutaneous electrical nerve stimulation) unit, 30 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 1114.

Decision rationale: Guidelines state that TENS is not recommended as a primary treatment modality but a one month trial may be appropriate if an adjunct program of functional restoration has been done. In this case, the patient's pain symptoms do not correlate with the conditions that TENS is possibly effective in treating (complex regional pain syndrome, neuropathic pain and multiple sclerosis). The request for a 30 day trial of TENS is not medically appropriate and necessary.