MAXIMUS Federal Services

Case Number:	CM13-0005329		
Date Assigned:	07/02/2014	Date of Injury:	04/11/2004
Decision Date:	07/29/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	07/31/2013

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. The expert reviewer is Board Certified in Psychiatry & Neurology and Addiction Medicine, has a subspecialty in Geriatric and Psychiatry and is licensed to practice in California and Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 whose date of injury is 04/11/2004 involving her low back and neck. She was treated with medication, rest, and ice. AME of 05/22/12 by [redacted], orthopedic surgery, shows the patient reporting dull to sharp pain with radiation bilaterally to her legs to feet with numbness in her toes which decrease with rest and medication. She attested to the pain and her functioning as being worse. He found no considerable changes since 02/01/11. She had a lumbar spine MRI on 02/17/11 showing slight disc bulging and narrowing L4-S1. He indicated that in his last examination of 02/11/11 in his opinion the patient was maximally medically improved regarding her low back. No surgery was anticipated for this injury. AME in psychology of 07/06/12 by [redacted] was performed. The patient reported becoming aware of feeling sad/depressed, anxious, and having difficulty sleeping around 2007 when she was unable to work, and due to pain. She was worried about her injuries worsening. Her Beck Anxiety Inventory score was 24 (moderate), and Beck Depression Inventory was 21 (moderate), and she was diagnosed with anxiety disorder not otherwise specified with anxious and depressed symptomatology. She was not on any anxiolytic medication at that time, and there was no further mention of her anxiety or treatment for same. On 03/20/13 she was seen by [redacted]. The patient developed increased low back pain while standing and he diagnosed her with lumbar strain. [redacted] recommended a follow up MRI to the 2 years prior due to her continued daily pain. Her most recent monthly evaluation by [redacted] of 07/11/13 showed her average pain intensity of 2/10, with the intensity and interference with activities of daily living improved on her current dose of morphine sulfate ES 120mg BID, with the only side effect being constipation. Her low back pain was worse than the neck pain. Vital signs were within normal limits. There was no radiculopathy noted in any of these reports related to her low back complaints. She used the morphine as prescribed and did not demonstrate drug seeking behavior.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Magnetic Resonance Imaging.

Decision rationale: The patient was stable with no significant change in symptoms, and her low back pain was not progressing. There were no reports of radiculopathy. Subjective complaints of pain was 2/10 at last report provided and there was less interference with activities of daily living. There was no evidence of nerve dysfunction. Surgery was not indicated or being considered and she was responding to conservative treatment of pain management. As such, the request for an MRI is without merit and is therefore not medically necessary.

ALPRAZOLAM 0.5 MG: Upheld

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

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

Decision rationale: The patient was not being treated for an anxiety disorder. She was evaluated in AME on 07/06/12 in which she was diagnosed with anxiety NOS, however there is no further mention of an anxiety disorder. Per California MTUS, benzodiazepines are 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 weeks. Their range of action includes sedative/ hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. This request is not medically necessary.

MORPHINE SULFATE ER 60 MG #120 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78, 93, 120.

Decision rationale: The patient suffers from chronic low back pain. She has experienced relief of pain intensity and less interference with her activities of daily living with her pain management regimen, as well as subjective improvement in her quality of life. She is compliant with her treatment and does not demonstrate any drug seeking behavior. Morphine sulfate at this dose is not appropriate for the treatment of chronic pain. Further, this request cannot be

approved with 2 refills as ongoing review must be performed in the form of office visits which would document subjective and objective functional improvement. Providing 2 refills suggests that the patient may not see her pain management physician for evaluation for 2 months. As such, this request is not medically necessary.