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| Case Number: | CM15-0016661 | | |
| Date Assigned: | 02/05/2015 | Date of Injury: | 12/02/1998 |
| Decision Date: | 03/26/2015 | UR Denial Date: | 01/17/2015 |
| Priority: | Standard | Application Received: | 01/29/2015 |

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: Georgia, California, Texas
 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 54 year old male injured worker suffered and industrial injury on 12/2/1998. The diagnoses were piriformis syndrome, chronic pain syndrome, degenerative lumbosacral intervertebral disc disease, lumbago, sciatica, and thorlumbosacral radiculitis. The treatments were physical therapy, piriformis injection and medications. The treating provider reported lumbar pain and lower extremity pain. The Utilization Review Determination on 1/17/2015 non-certified: 1. MS Contin 60 mg #180, citing MTUS, ODG, 2. Xanax 0.5 #5, citing MTUS, 3. One (1) piriformis injection, citing ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 78-81.

Decision rationale: MTUS notes no trials of long-term opioid use for neuropathic pain. Concerning chronic back pain, MTUS states that opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." MTUS states monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. Per the submitted records, the injured worker (IW) continues to report moderate to severe pain levels despite long-term opioid use. No evidence of functional improvement is documented associated with opioid use in this case. MS Contin has been associated with severe constipation. Due to lack of documented functional improvement with opioid use, medical necessity is not established for continued high-dose opioid therapy per MTUS recommendations.

Xanax 0.5 #5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Acute and Chronic)

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

Decision rationale: MTUS does not recommend long-term use of benzodiazepines for any condition, noting lack of proven efficacy, potential for dependence, and rapid development of tolerance to the anxiolytic, hypnotic, and muscle relaxant effects of benzodiazepines. The submitted medical records document history of depression, anxiety, and panic attacks. Notes document that at times IW is unable to leave his house due to anxiety. He has been using small amounts of alprazolam (Xanax) on an ongoing basis without escalation of dosage or evidence of aberrant behavior. In this case the benefit of continued use of small amounts of benzodiazepines appears to outweigh potential risk. Medical necessity is established for the requested Xanax.

One (1) piriformis injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Piriformis Injections. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis (Acute and Chronic) and (Colorado, 2002) (BlueCross BlueShield, 2004)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip & Pelvis Chapter, Trochanteric bursitis injections

Decision rationale: ODG recommends trochanteric bursa injection for treatment of trochanteric bursitis. 12/17/14 office note stated that there had been significant improvement in pain and function following trochanteric bursa injection several months earlier, with recent return of

piriformis tightness and trigger point. Based upon current documented symptoms and exam findings and apparent several months of relief following previous injection, repeat trochanteric bursa injection is reasonable and medically necessary.