MAXIMUS Federal Services

Case Number:	CM15-0120528		
Date Assigned:	07/01/2015	Date of Injury:	04/20/2008
Decision Date:	08/07/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/22/2015

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: Pennsylvania
Certification(s)/Specialty: Internal 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 62-year-old female who sustained an industrial injury on 4/20/08. She reported a back injury while pulling a 60-pound piece of luggage. The injured worker was diagnosed as having cervical intervertebral disc disorder with myelopathy, lumbar intervertebral disc disorder with myelopathy, revision of lumbar fusion L4 through S1 in January 2013, lumbar radiculopathy, and chronic pain. Treatment to date has included lumbar laminectomy with fusion at L4-5 and L5-S1, oral medications including Celebrex and Xanax, activity restrictions, physical therapy and home exercise program. (MRI) magnetic resonance imaging of cervical spine was performed on 3/31/15 and revealed C3-4 and C4-5 disc desiccation and lumbar spine (MRI) magnetic resonance imaging performed on 3/26/15 noted desiccation of L3-4 and laminectomy with fusion of L4-5 and L5-S1. Currently on 5/1/15, the injured worker complains of pain in the lumbar spine. She rates the discomfort as 6/10. She notes the pain is unchanged since previous visit and her medications are helping with the pain. She notes worsening radicular symptoms in bilateral extremities and excruciating and burning sensation in her feet. She is temporarily totally disabled. A urine toxicology screening performed on 1/9/15 was negative for all medications tested. Physical exam dated 5/1/15 revealed antalgic gait, restricted lumbar range of motion, well healed surgical scar of lumbar spine, moderate tenderness over the lumbar paraspinous muscles with guarding, tenderness to palpation over the pedicles screw and moderate facet tenderness at the levels of L4-S1. Decreased sensation is also noted at L4-S1 dermatomes bilaterally. The treatment plan included request for (CT) computerized tomography scan of lumbar spine, orthopedic spine specialist and physical therapy. A request for

authorization dated 5/15/15 was submitted for orthopedic consult for cervical and lumbar spine, physical therapy, hardware block injection, Cymbalta, Skelaxin, Celebrex and Xanax and urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to an orthopedic spine surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289, 296, 305-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: CA MTUS guidelines recommend surgical consultation within the first three months after onset of acute low back symptoms, only when serious spinal pathology or nerve root dysfunction not responsive to conservative therapy or a herniated disc are detected. "Referral for surgical consultation is indicated for patients who have: severe disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, activity limitations due to radiating leg pain for more than one month, clear clinical, imaging and electrophysiologic evidence of a lesion that would benefit from surgical repair and failure of conservative treatment to resolve disabling radicular symptoms." Prior to referral for surgery, a psychological screening should be performed to improve outcome of surgery. The submitted documentation indicates that the injured worker was certified on 5/19/15 for a referral to an orthopedic spine specialist for cervical and lumbar spine. The current request is consistent with a duplicate request. Therefore, the request for referral to orthopedic surgeon for cervical and lumbar spine is not medically necessary.

Xanax .5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Alprazolam (Xanax) (2015).

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

Decision rationale: Regarding Benzodiazepines, CA MTUS does not recommend benzodiazepines for long-term use due to risk of dependence and unproven long-term efficacy. Use is limited to 4 weeks by most guidelines. Tolerance to anxiolytic effects occurs within months. Long-term use may increase anxiety and a more appropriate treatment for anxiety disorder is an antidepressant. The documentation indicates that Xanax has been prescribed for anxiety. The injured worker has been utilizing Xanax since at least 8/1/14, and possibly, much longer, which is longer than the recommended time. Therefore, due to the length of use in excess of the guideline recommendations, the request for Xanax is not medically necessary.

Urine toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Criteria for Use of Urine Drug Testing (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing p. 43, opioids p. 77- 78, p. 89, p. 94 Page(s): 43, 77-78, 89, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) urine drug testing, opioids, screening tests for risk of addiction and misuse.

Decision rationale: Per MTUS chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs, in accordance with a treatment plan for use of opioid medication, and as a part of a pain treatment agreement for opioids. Per the ODG, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Urine drug testing is recommended at the onset of treatment when chronic opioid management is considered, if the patient is considered to be at risk on addiction screening, or if aberrant behavior or misuse is suspected or detected. Ongoing monitoring is recommended if a patient has evidence of high risk of addiction and with certain clinical circumstances. Frequency of urine drug testing should be based on risk stratification. The documentation submitted does not indicate any current prescription of opioids. Urine drug screens on 1/9/15, 1/17/15, and 5/1/15 were negative for all substances tested. There was no documentation of risk stratification for addiction or aberrant behavior. Due to lack of specific indication, the request for urine drug screen is not medically necessary.