

Case Number:	CM15-0065924		
Date Assigned:	04/13/2015	Date of Injury:	07/23/2012
Decision Date:	05/14/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/07/2015

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: California, Indiana, New York
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 41 year old female who sustained an industrial injury on 07/23/12. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include constant low back pain radiating to the bilateral lower extremities. Current diagnoses lumbar disc protrusion and lumbar radiculopathy. In a progress note dated 01/08/15 the treating provider reports the plan of care is continued medication including Oxycodone, Omeprazole, Prozac, and Xanax, as well as a MRI of the lumbar spine. The requested treatments are Xanax, Oxycodone, and a MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1.0mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Xanax 1 mg #60 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are lumbar disc protrusion; and lumbar radiculopathy. The documentation shows the injured worker was taking Xanax is for Vegas July 1, 2014. Xanax is not recommended for long-term use (longer than two weeks). Long-term efficacy is unproven and there was a risk of psychological and physical dependence or frank addiction. There are no compelling clinical facts in the medical record indicating long-term Xanax is clinically indicated. Consequently, absent clinical documentation with objective functional improvement in excess of the recommended guidelines (not recommended for long-term use, longer than two weeks), Xanax 1 mg #60 is not medically necessary.

1 MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 53.

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) Low Back Section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are lumbar disc protrusion; and lumbar radiculopathy. The documentation shows an MRI of the lumbar spine was ordered and performed on January 2, 2013. Reportedly, there was disc pathology at L4-L5 and L5-S1 but no hard copy was present in the medical record. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. A progress note dated January 21, 2015 shows, subjectively, no significant change in her low back symptoms. Objectively, range of motion of the lumbar spine showed flexion at 20, extension 5, right lateral flexion 5 and left lateral flexion 5. There were no other clinical objective findings

documented in the medical record. There were no significant new symptoms or objective signs in the medical record indicating a repeat MRI of the lumbar spine is clinically indicated. Additionally, there were no unequivocal objective findings identifying specific nerve compromise on the neurologic evaluation. Consequently, absent clinical documentation with significant new symptoms or objective signs, MRI of the lumbar spine is not medically necessary.

Oxycodone 10mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxycodone 10 mg #180 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar disc protrusion; and lumbar radiculopathy. The documentation in the medical record shows the injured worker was using Hydromorphone. There is no documentation in the medical record the injured worker was taking Oxycodone 10 mg. in a January 21, 2015 progress note, there were no current medications documented in the medical record. There were no detail pain assessments using oxycodone. There were no risk assessments using Oxycodone. Consequently, absent clinical documentation with a clinical indication and rationale for Oxycodone 10 mg (in place of hydromorphone), Oxycodone 10 mg #180 is not medically necessary.