

Case Number:	CM15-0096356		
Date Assigned:	05/26/2015	Date of Injury:	01/22/2013
Decision Date:	06/30/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/19/2015

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
 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 37-year-old male, who sustained an industrial injury on 1/22/13. He reported pain in his lower back. The injured worker was diagnosed as having depression/anxiety related to chronic pain and status post L5-S1 and L3-L4 laminectomy-discectomy on 10/5/13. Treatment to date has included back surgery, a lumbar MRI and oral medications. On 11/19/14, the treating physician noted that the previous urine drug screen was positive for cocaine. As of the PR2 dated 5/6/15, the injured worker reports 9/10 pain in the lower back. He also reported increased numbness and pain in his right leg since surgery. The treating physician noted decreased range of motion with flexion and extension and a positive straight leg raise test on the right. The treating physician requested Lexapro 10mg #60, Horizant 600mg #30, lumbar X-rays 5 views with flexion and extension, a lumbar MRI and psychological consultation for clearance for opiate medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 10mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13 - 16.

Decision rationale: MTUS states that antidepressants may be used as a first line option for neuropathic pain, but long-term effectiveness of these drugs has not been established. Selective Serotonin Reuptake Inhibitors (SSRIs), are not recommended as a treatment for chronic pain. In addition, these drugs have not been shown to be effective for low back pain. The main role of SSRIs is in treating psychological symptoms associated with chronic pain. MTUS recommends that assessment of treatment efficacy should include pain outcomes, evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The injured worker is diagnosed with depression and anxiety related to chronic pain. Physician reports indicate improvement in mood and depression with Lexapro. Although there is lack of significant improvement in pain or level of function, increasing the dose of the Lexapro still remains an option. As such, the recommendation to continue Lexapro is clinically appropriate. The request for Lexapro 10mg #60 is medically necessary by MTUS.

Horizant 600mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: MTUS states that Anti-epilepsy drugs (AEDs) are recommended for neuropathic pain (pain due to nerve damage). After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Horizant is an extended release form of Gabapentin, an anti-epileptic drug. Per ODG, Horizant is not recommended as a first-line agent and there is no evidence to support its use for neuropathic pain conditions or fibromyalgia without a trial of generic gabapentin regular release. This medication is FDA approved for treatment of restless legs syndrome. Documentation provided for review shows that the injured worker noted side effects of sleepiness on the 800mg dose of Gabapentin, but reported some improvement on this dose and was able to take it bedtime. Documentation fails to show significant improvement level of function to support the medical necessity for continued use of Horizant. The request for Horizant 600mg #30 is not medically necessary by MTUS.

Lumbar x-rays 5 views with flexion and extension: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations, pg 303.

Decision rationale: MTUS recommends Lumbar spine x rays in patients with low back pain only when there is evidence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. At the time of the requested service under review, documentation failed to show objective evidence of serious spinal pathology or objective findings that identify specific nerve compromise on the neurologic examination. The medical necessity for repeat X-rays has not been established. The request for X-ray of the lumbar spine is not medically necessary per MTUS.

Lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations, pg 303.

Decision rationale: MTUS recommends Lumbar spine x rays in patients with low back pain only when there is evidence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The injured worker is status post lumbar spine surgery with chronic radicular low back pain. Documentation fails to show acute exacerbation of the injured worker's symptoms or objective clinical evidence of serious spinal pathology to indicate a red flag on examination. There is also lack of Physician report indicating that surgery is being considered. The request for Lumbar MRI is not medically necessary per MTUS.

Psychological consultation for clearance for opiate medications: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, Psychological evaluations and treatment Page(s): 76 - 77, pg 100.

Decision rationale: Per MTUS guidelines, Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs

and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). If pain is sustained in spite of continued therapy, including psychological care, intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. MTUS recommends at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should be initiated. When subjective complaints do not correlate with imaging studies and/or physical findings and/or when psychosocial issue concerns exist, a second opinion with a pain specialist and a psychological assessment should be obtained. Documentation reveals that treating physician had made the clinical decision to withhold opioid medications from the injured worker following the finding of positive urine drug screen for cocaine. At the time of the request under review, the injured worker had already been weaned off opioid drugs. Subsequently, the request for Psychological consult for clearance for opiate medications is no longer indicated. The request for Psychological consultation for clearance for opiate medications is not medically necessary by MTUS.