MAXIMUS Federal Services

Case Number:	CM13-0004644		
Date Assigned:	12/11/2013	Date of Injury:	11/01/2005
Decision Date:	02/14/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma 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 physician 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 patient is a 46-year-old male who sustained a work related injury on 11/01/2005. The patient's diagnoses included failed back surgery syndrome, chronic low back pain, rule out radiculitis left lower extremity, and depression. Subjectively, the patient reported complaints of low back and neck pain as well as intermittent bilateral lower extremity pain with associated weakness in the legs and feet. Objectively, the patient had a well-healed scar, positive scar tissue tenderness, an antalgic gait, tenderness to palpation, muscle spasm, and restricted range of motion secondary to pain. The patient also had positive straight leg raise. The clinical information indicated the patient underwent surgical intervention in 2006, but continued to experience significant pain, loss of function, and disability. Additionally, the patient has failed postoperative treatment including physical therapy, medications, home exercise, and injections with pain management. A request for authorization for psychological clearance for the spinal cord stimulator trial was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological clearance for SCS trial: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators Page(s): 107.

Decision rationale: CA MTUS Guidelines recommend spinal cord stimulators for "Failed back syndrome (persistent pain in patients who have undergone at least 1 previous back operation), more helpful for lower extremity than low back pain, although both stand to benefit, 40-60% success rate 5 years after surgery." The clinical provided indicates the patient has failed back syndrome after spinal fusion in 2006 and has exhausted and failed all postoperative lower levels of conservative treatment to include therapy, medication management, and injections, thus making him a candidate for a spinal cord stimulator trial. Given the above, the request for a psychological evaluation is supported. Therefore, the request for psychological clearance for SCS trial is certified.

Norco 10/325mg #60 (2 week supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: CA MTUS Guidelines recommend the documentation of "4 A's" which consists of "(analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The clinical information submitted for review lacks objective documentation of medication efficacy or functional improvement with the continued use of the requested medication. The clinical provided indicates the patient has utilized the requested medication for a prolonged period of time with minimal to no improvement in pain reduction. Given the above, the continued use of the requested medication is not supported. As such, the request for Norco 10/325mg #60 (2 week supply) is non-certified