MAXIMUS Federal Services

Case Number:	CM13-0010158		
Date Assigned:	09/24/2013	Date of Injury:	08/30/1999
Decision Date:	02/12/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/16/2013

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, has a subspecialty in Sports Medicine and is licensed to practice in New York 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 58 year old female who reported an injury on 08/30/1999. The mechanism of injury was not submitted. The patient was diagnosed with status post laminectomy, discectomy, and foraminotomy of L2-3 to the left on 08/24/2000, status post laminectomy and discectomy of L2-3 with revision, decompression and anterior-posterior fusion of L2-S1 on 10/24/2002, status post exploration of fusion, revision posterior spinal fusion of L2-3 with revision decompression of L5-S1 to the left with UCR pedicle instrumentation, status post lumbar hardware removal and exploration of fusion 06/20/2010 and L1-2 adjacent segment disease. The patient continued to complain of pain to the low back rated at 7/10. The physical examination revealed the patient had difficulty walking, changing positions. The patient had decreased range of motion, guarding and muscle spasm. The patient was using Buproprion 150mg twice a day, morphine 60mg twice a day, Hydrocodone/APAP 10/325mg six times a day, Lyrica 200mg three times a day, Lunesta 2mg every night, Tizanidine HCL 4mg three times a day, and Lidoderm 5% patch approximately 5 patches a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clearance for SCS Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) Section Page(s): 105-107.

Decision rationale: The clinical documentation submitted for review does not meet the guideline recommendations. The patient complained of pain to the low back with radiation to the left buttock and down her left lower extremity. The California MTUS ACOEM stated implantable spinal cord stimulators are rarely used and should be reserved for patients with low back pain for more than six months duration who have not responded to the standard non-operative or operative interventions. However, no recent objective clinical documentation submitted for review indicating other recent pain interventions the patient underwent beside pain medication. Given the lack of documentation to support the guideline criteria, the request is non-certified.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 78.

Decision rationale: The clinical documentation submitted for review does not meet the guideline recommendations. The patient complained of pain to the low back with radiation to the left buttock and down her left lower extremity. The California MTUS states that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (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. No clinical documentation was submitted to indicate the patient experience pain relief or improvement in function as the guidelines recommend. Given the lack of documentation to support the guideline criteria, the request is non-certified.

One tube of Zonalon cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-14. Decision based on Non-MTUS Citation Medicinenet website, Topical Cream article

Decision rationale: The clinical documentation submitted for review does not meet the guideline recommendations. The patient complained of pain to the low back with radiation to

the left buttock and down her left lower extremity. The California MTUS recommends (tricyclic antidepressants) as a first-line option for neuropathic pain especially if pain is accompanied by insomnia, anxiety, or depression. Zonalon (dox-EH-pin) cream is a tricyclic antidepressant cream that relieves itching. The clinical documentation submitted for review makes no indication that the patient suffered from any skin issues nor has the patient been diagnosed with depression. Given the lack of documentation to support the guideline criteria, the request is non-certified.