

Case Number:	CM13-0019065		
Date Assigned:	10/11/2013	Date of Injury:	05/21/2010
Decision Date:	02/03/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/03/2013

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 Illinois, Indiana, 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.

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 44-year-old who reported an injury on 05/21/2010. The patient was noted to undergo a left L4-5 microdiscectomy, hemilaminectomy, foraminotomy and discectomy on 05/08/2012. The patient was noted to have a psychological evaluation. The patient was noted to undergo a psychological consultation on 07/08/2013 which revealed that the patient did not have a suggestion of the presence of strong psychological factors that would bode poorly for the patient undergoing a spinal cord stimulator trial. The patient had a physical examination on 07/30/2013 which revealed no new objective findings. The patient's diagnosis was noted to be lumbar discogenic pain and s/p microdiscectomy. The request was made for a spinal cord stimulator trial, Pre-op EKG labs and medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

A spinal chord stimulator trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101, 107. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The patient was noted to undergo a psychological consultation on 07/08/2013 which revealed that the patient did not have a suggestion of the presence of strong

psychological factors that would bode poorly for the patient undergoing a spinal cord stimulator trial. The patient had a physical examination on 07/30/2013 which revealed no new objective findings. The Chronic Pain Medical Treatment Guidelines recommend a spinal cord stimulator for patients who have had a psychological evaluation and when less invasive procedures have failed or are contraindicated. Additionally, if a patient has failed back syndrome, it is more helpful for lower extremity pain than low back pain. However, the clinical documentation submitted for review failed to provide a recent, thorough physical examination. The request for a spinal chord stimulator trial is not medically necessary or appropriate.

Pre-operative EKG labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter, Preoperative Electrocardiogram and Preoperative Laboratory Testing

Decision rationale: As the request for the spinal cord stimulator was not medically necessary, the request for a pre-operative EKG and labs would not be medically necessary.

Tramadol ER 150mg, 60 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Section, Ongoing Management Section Page(s): 82, 93, 94, 113, 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that central analgesics drugs such as tramadol (Ultram[®]) are reported to be effective in managing neuropathic pain, and it is not recommended as a first-line oral analgesic. The Chronic Pain Medical Treatment Guidelines recommends that there should be documentation of the 4 A's (analgesia, activities of daily living, adverse side effects and aberrant drug-taking behavior) for Ongoing Monitoring. The clinical documentation submitted for review failed to provide documentation of the 4 A's. The request for Tramadol ER 150mg, 60 count, is not medically necessary or appropriate.

Ambien, 30 count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Ambien Section.

Decision rationale: The Official Disability Guidelines indicate that it (Ambien?) is for the short-term treatment of insomnia, generally 2 to 6 weeks. The clinical documentation submitted for review failed to provide the efficacy of the medication. Additionally, it failed to provide documentation for long-term use. The request for Ambien, 30 count, is not medically necessary or appropriate.

Senokot, 90 count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Opioid Therapy Section Page(s): 77.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend prophylactic treatment of constipation when the patient is undergoing opioid therapy; however, the clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide that the patient had signs and symptoms of constipation. The request for Senokot, 90 count, is not medically necessary or appropriate.