MAXIMUS Federal Services

Case Number:	CM13-0027934		
Date Assigned:	11/22/2013	Date of Injury:	06/15/2010
Decision Date:	01/21/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/23/2013

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 Internal medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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 claimant is a 34-year-old injured on 06/15/2010. It states since time of injury for continued low back complaints, he underwent hemilaminectomy at L4 and L5 with microdiscectomy at L5-S1 on 10/29/2010. A second surgical process in the form of a 2 level L4-5 and L5-S1 lumbar fusion took place on 02/26/2013. At postoperative assessment of 07/29/2013, the claimant was noted to be with continued complaints of pain about the low back radiating to the bilateral lower extremities. It states he is continuing to utilize morphine and Lyrica from a medication perspective with objective findings showing hyperreflexive changes bilaterally and symmetrically, difficult assessment of motor tone to the dorsum of the foot, and the claimant continued to wear a lumbar brace which was removed for examination. It states at that time that the claimant was to continue with pain management and was noted to be suitable candidate for a spinal cord stimulator trial given his ongoing difficulty and continued complaints of pain. He was noted to be cleared from a psychological perspective for a spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS).

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, a spinal cord stimulator trial, in this case, could not be indicated. The claimant was recommended to have a spinal cord stimulator trial less than 6 months following time of 2 level lumbar fusion procedure with documentation of postoperative imaging unavailable for review. While it is noted that he has undergone psychological testing and continues to be with complaints of back and leg pain, no documentation of postoperative finding on imaging or indication for the need this soon status post 2 level fusion procedure for a spinal cord stimulator trial to support the request. Furthermore, the claimant's recent physical examination did not demonstrate any pertinent formal finding examination that would necessitate acute need of a spinal cord stimulator trial at present. As such, the request is non-certified.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gi symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidals, GI Symptoms, and Cardiovascular Risk Page(s): 68 and 69.

Decision rationale: Based on MTUS Chronic Pain Medical Treatment Guidelines, continued use of Prilosec, a proton pump inhibitor would not be indicated. California MTUS Guidelines indicate the role of medications for GI supported risk factors which would include an age greater than 65, concordant use of aspirin corticosteroid or anticoagulants, high dose multiple nonsteroidal use or a history of peptic ulcer, GI bleeding, or perforation. The claimant fails to meet any significant risk factor for gastrointestinal event. The documentation does not indicate continued role of nonsteroidal medication. The acute need of this proton pump inhibitor in absence of documented finding of GI risk would not be indicated.

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants(for pain) Page(s): 63.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, Flexeril also would not be indicated. Flexeril as well as muscle relaxants are indicated only sparingly for acute treatment. Guidelines indicate that treatment should be brief with guideline criteria not recommending not more than 4 weeks of use. Given the claimant's chronic use of this agent and stage from injury, the acute need of muscle relaxants would not be indicated per California MTUS Guideline criteria.