

Case Number:	CM13-0028037		
Date Assigned:	11/22/2013	Date of Injury:	06/04/2010
Decision Date:	01/21/2014	UR Denial Date:	09/06/2013
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 Physical Medicine and Rehabilitation has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

This is a 55-year-old female patient, s/p injury 6/4/10. The patient on (8/2/13) presented with pain in the lumbar spine that is described as burning into the buttocks and legs with associated numbness. Physical examination revealed wide-based gait. Heel-toe walk is performed with difficulty. Moderate facet tenderness noted along the L4 through S1 Decreased lumbar spine ROM. Decreased sensation in the L4 through S 1 dermatomes bilaterally.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101,105-107.

Decision rationale: Spinal cord stimulator trial is not medically necessary per MTUS guidelines. MTUS guidelines recommend having a psychological evaluation prior to SC stimulator trial. Patient was to have psychological evaluation prior to SC stimulator trial and there is no documentation submitted that patient has completed this evaluation or the findings of the evaluation.

trigger point injections times six:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: Retrospective trigger point injections times six (6) are not medically necessary per MTUS guidelines which state that there should be "documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain." There is no documentation submitted of patient meeting these criteria therefore trigger point injections are not medically necessary.

Duragesic patch 50mcg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44,47,93.

Decision rationale: Duragesic patch 50mcg Q: 72 hours is not medically necessary per MTUS guidelines. There is no documentation that the pain requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; that the patient has demonstrated opioid tolerance; and no contraindications exist

Soma 350 mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,,Chronic Pain Treatment Guidelines Page(s): 63, 65.

Decision rationale: Soma 350 mg, #60 is not medically necessary per MTUS guidelines. Patient was ordered Soma 350mg po #60 to be taken twice daily. Per MTUS Soma is not recommended for longer than a 2 to 3 week period and only second line for acute exacerbations in patients with chronic LBP.MTUS guidelines state: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence.