MAXIMUS Federal Services

Case Number:	CM13-0044426		
Date Assigned:	03/03/2014	Date of Injury:	05/12/2008
Decision Date:	06/30/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Emergency Medicine and is licensed to practice in Florida. 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 expert 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:

This patient is a 53 year-old with a date of injury of 05/12/08. A progress report associated with the request for services, dated 09/24/13, identified subjective complaints of low back pain into the lower extremities. Objective findings included tenderness of the lumbar spine with decreased range-of-motion. There was mild decreased motor function of the lower extremities, left greater than right. There was decreased sensation in the L5-S1 distribution. Diagnoses included herniated lumbar disc with radiculopathy. Treatment has included a spinal cord stimulator trial in March 2012 with pain reduction of 60%, laminectomy in 2011 and 2012, and bilateral transforaminal epidural steroid injections at S1 on 07/29/13. She opted for a laminectomy instead of permanent implantation of a spinal cord stimulator in 2012. Medications have included oral opioids, muscle relaxants, antidepressants, and anti-seizure agents. A Utilization Review determination was rendered on 10/10/13 recommending non-certification of "Norco 10/325 mg #180 and Fexmid 7.5 mg #30".

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308,Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids for Chronic Pain.

Decision rationale: Norco 10/325 is a combination drug containing and the opioid hydrocodone. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. The guidelines note that a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The Chronic Pain Guidelines also state that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Additionally, "There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell - Annals, 2007)." The MTUS Guidelines further state that opioid therapy is not recommended for the low back beyond 2 weeks. The patient has been on Norco in excess of 16 weeks. The Official Disability Guidelines (ODG) state: "While long-term opioid therapy may benefit some patients with severe suffering that has been refractory to other medical and psychological treatments, it is not generally effective achieving the original goals of complete pain relief and functional restoration." Therapy with Norco appears to be ongoing. The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. Therefore, the record does not demonstrate medical necessity for Norco.

FEXMID 7.5 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE; MUSCLE RELAXANTS Page(s): 41-42, 63-66.

Decision rationale: Fexmid (cyclobenzaprine) is an antispasmotic muscle relaxant. The Medical Treatment Utilization Schedule (MTUS) states muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations of low back pain. They note that in most low-back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination of NSAIDs. Likewise, the efficacy diminishes over time. The MTUS states that cyclobenzaprine is indicated as a short course of therapy. Limited, mixed evidence does not allow a recommendation for cyclobenzaprine for chronic use. Though it is noted that cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. They further state that treatment should be brief and that addition of cyclobenzaprine to other agents is not recommended. The Guidelines do note that

cyclobenzaprine has been shown to produce a moderate benefit in the treatment of fibromyalgia. The record does not show any evidence of fibromyalgia, and other indications for Fexmid beyond a short course are not well supported. The patient has been on Fexmid for a prolonged period. Likewise, it has not been prescribed in the setting of an acute exacerbation of symptoms. Therefore, based upon the Guidelines, the record does not document the further medical necessity for Fexmid (cyclobenzaprine).

PERMANENT IMPLANTATION OF LUMBAR SPINAL CORD STIMULATOR (SCS): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators, Page(s): 105-107.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307,Chronic Pain Treatment Guidelines Spinal Cord Stimulators, Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Spinal Cord Stimulators.

Decision rationale: A spinal cord stimulator (SCS) is requested for the lumbar spine. The California Medical Treatment Schedule (MTUS) states that stimulators are "Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated." Supporting evidence for an SCS is enhanced when combined with observational evidence through an individual trial prior to implant. Specifically, the indications are noted to be: - Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), more helpful for lower extremity than low back pain, although both Final Determination Letter for IMR Case Number CM13-0044426 5 stand to benefit. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar. - Complex Regional Pain Syndrome (CRPS/Reflex Sympathetic Dystrophy (RSD). - Post amputation pain. - Post herpetic neuralgia. - Spinal cord injury dysesthesias. - Pain associated with multiple sclerosis. - Peripheral vascular disease. The Official Disability Guidelines (ODG) notes that a SCS trial should be performed with a 50% improvement in pain prior to permanent implantation. In this case, the patient has a failed low back syndrome. A trial was performed and greater than 50% improvement in pain was reported. The reason for non-certification is not listed. The claimant appears to meet the criteria for permanent SCS implantation. Therefore, the record does document the medical necessity for permanent implantation of a lumbar spinal cord stimulator implantation.