

Case Number:	CM13-0044606		
Date Assigned:	12/27/2013	Date of Injury:	12/22/2011
Decision Date:	02/27/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/30/2013

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 Disease 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 patient is a 44-year-old male who reported an injury on 12/22/2011. The mechanism of injury was noted to be a fall from a ladder. The patient was noted to have low back pain radiating to the buttocks and bilateral posterior thighs. The patient was noted to be taking Percocet. The patient's diagnoses were noted to include lumbar postlaminectomy syndrome at L3-4 and L4-5 and lumbar degenerative disc disease, along with lumbar facet joint pain. The request was made for Percocet #120, and a percutaneous spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet #120 (Rx 10/4/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Page(s): 75, 86 78.

Decision rationale: Chronic Pain Medical Treatment Guidelines recommend oxycodone/acetaminophen (Percocet) for moderate to severe chronic pain and that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation

submitted for review failed to provide documentation of the 4 A's to support the ongoing use of the medication. Given the above and the lack of documentation, the request for Percocet #120 Rx 10/04/2013 is not medically necessary.

Percutaneous spinal Cord Stimulator Trial: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Page(s): 101 105, 106..

Decision rationale: Chronic Pain Medical Treatment Guidelines indicates that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. It further Indicates that for stimulator implantation a patient should have the diagnosis of failed back syndrome with persistent pain in patients who have undergone at least one back surgery or patients who have the diagnosis of Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD). Additionally, it recommends a psychological evaluation for a spinal cord stimulator (SCS) trial. The clinical documentation submitted for review indicated that the patient had a diagnosis of failed back syndrome and was noted to have persistent pain. Per the submitted documentation, the patient was noted to have failed all treatments, and the patient was noted not to be a surgical candidate. The patient was noted to be psychologically cleared on 10/09/2013. Given the above, the request for a percutaneous spinal cord stimulator trial is medically necessary.