

<b>Case Number:</b>	CM13-0055348		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/07/2001
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Family Practice and is licensed to practice in 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. 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 diagnosed with post laminectomy syndrome lumbar, pain lower back, lumbago, malfunction internally of orthopedic device, and depression NOS. The patient was seen on 12/23/2013, with complaints of back pain and the patient has questions about spinal cord stimulator. The injury was on 06/07/2001. The patient has tried conservative treatment and eventually underwent a posterior L5-S1 fusion with a later addition of anterior surgery for her spine. She had a spinal cord stimulator in 10/2009, and since then she has had increased thoracic pain, which was nonexistent prior to the procedure. The patient noted that since the implantation of the stimulator, the lower back and leg symptoms have actually gotten worse. The patient notes symptoms in the thoracic area are significantly worse when the stimulator is on, but are still evident even when turned off. She notes that even though the symptoms are unbearable, the stimulator does reach her painful low back and left leg, and the distraction of the stimulation there leads her to leave the unit on. The patient notes that the pain is there all the time, aching, dull, throbbing, sharp, and continuous. The location of the pain is low back, buttocks, right thigh, left thigh. Per the documentation provided, the treatment tried by the patient includes anti-inflammatories, pain pills, muscle relaxants, physical therapy, traction, spinal cord stimulation, surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kadian 20mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

**Decision rationale:** The patient is with diagnoses of post laminectomy syndrome to the lumbar, pain low back, lumbago, malfunction of anterior orthopedic device, and depression NOS. On the 12/23/2013 office visit, on exam the physician notes range of motion is significantly limited in all directions, sensation to light touch, pinprick, and vibration shows decreased pinprick sensitivity left lateral leg compared to the right. The California Guidelines state for opioid: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Documentation provided does not detail the length of time on the current medication regimen, effectiveness of the medication with an accurate ongoing documentation of pain relief, urine drug screen results, and/or if the patient has returned to work. Also not noted is if the patient has had any improved function or if they had improved quality of life due to decrease of pain. Therefore, the request is non-certified.