

Case Number:	CM13-0064489		
Date Assigned:	01/29/2014	Date of Injury:	09/10/2002
Decision Date:	05/29/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/11/2013

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 45 year old male with a date of injury on 9/10/2002. Patient has diagnoses of failed back surgery syndrome, status post lumbar spinal cord stimulator, with extreme chronic pain syndrome thought to be complex regional pain syndrome. Subjective complaints are of shocking sensations positionally to the back of spine and abdomen. There is also pain in the neck and upper body that is worsening, and numbness into the hands, and intermittent pain on the right side of the head. Physical exam shows brisk ankle and knee reflexes. Hoffmann's sign is faint, intermittent in the right hand and negative on the left. Motor exam is non-focal, but very pain-limited in all four extremities. Sensation is intact. There is marked tenderness in the suboccipital region and trapezius, base of neck, glutei, iliac spine, medial epicondyles at the knee, and lateral epicondyles of the elbow. Treatment to date has included lumbar spinal cord stimulator, psychotherapy, physical therapy, HEP, and medications. Medications include Xanax, methadone, Nucynta, and Levothyroxine. Previous trials of Duragesic, Vicodin, Elavil, Oxycodone, Lyrica, Cymbalta, and Wellbutrin were also documented. Documentation states that medications decrease pain to 5/10 from 7-8/10 without, and helps with daily functioning. Patient was on Methadone 10mg three times a day and engaged in a tapering schedule to 5mg twice a day. A psychological evaluation is documented on 2/1 2013. Documentation shows evidence of possible lumbar spinal cord stimulator malfunction, and ongoing documentation is evident to have the unit adjusted or have neurosurgical modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROL DOSEPACK, 2: Overturned

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 Crps Page(s): 37.

Decision rationale: The Expert Reviewer's decision rationale: CA MTUS guidelines indicate that commonly used drugs for CRPS are corticosteroids and there is some evidence of efficacy of limited courses of oral corticosteroids. Research indicates that early treatment is most successful and effects of the medication are limited. For treatment in the chronic phase of injury, this medication should be used for new injury or after a symptom-free exacerbation. This patient's symptoms were noted as worsening and new in onset of the neck and upper extremity symptoms. Therefore, the use of a Medrol Dose pack is medically necessary.

NUCYNTA 75MG 360: Overturned

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 Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

Decision rationale: The Expert Reviewer's decision rationale: The patient in question has been on chronic opioid therapy. The ODG recommends Nucynta as a second line therapy for patients who develop intolerable adverse effects with first line opioids. This patient is documented as failing trials of multiple opioids. For chronic opioid therapy, CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. This patient's records indicate that medications provided moderate pain relief and allowed for improved function and ability to participate in activities of daily living. Guidelines indicate that opioid use may continue if the patient has improvements in functioning and pain. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines, including updated urine drug screen, and ongoing efficacy of medication. Since patient has functional improvement from this medicine and pain relief, the use of Nucynta is medically necessary.

XANAX .5MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Anxiolytics Page(s): 24, 401.

Decision rationale: The Expert Reviewer's decision rationale: CA MTUS guidelines do not recommend anxiolytics as first line therapy for stress-related conditions as they can lead to dependence and do not alter stressors or the individual's coping mechanisms. Benzodiazepines in particular are not recommended for long-term use because long-term efficacy is unproven. Most guidelines limit use to 4 weeks, due to dependence and tolerance that can occur within weeks. Therefore, the request for Xanax is not medically necessary.

SPINAL CORD STIMULATOR TRIAL FOR CERVICAL: Overturned

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 Stimulator, Psychological Clearance Page(s): 101, 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

Decision rationale: The Expert Reviewer's decision rationale: CA MTUS recommends use of a spinal cord stimulator for selected patients in cases when less invasive procedures have failed or are contraindicated. . CA MTUS also recommends that a psychological evaluation is performed before trial of a spinal cord stimulator. SCS is recommended as a treatment option for chronic pain lasting at least 6 months despite medical management, and who have had a successful trial of stimulation. For this patient, there is continued cervical and upper extremity pain with significant deficits on examination despite multiple prior treatment modalities. This patient had a psychological exam on 2/1/2013. This patient fits criteria for a trial of a spinal cord stimulator, and the submitted documentation shows evidence of the MTUS recommended psychological evaluation. Therefore, the medical necessity of a spinal cord stimulator trial is established.

CT SCAN - CERVICAL SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine (ACOEM), 2nd Edition, (2004).

Decision rationale: ACOEM guidelines indicate imaging for emergence of a red flag symptom or physiologic evidence of tissue insult or neurologic dysfunction. The ODG states that for the evaluation of the patient with chronic neck pain, plain radiographs should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe claustrophobia, computed tomography should be performed. This patient has a spinal cord stimulator, thus most likely making MRI

contraindicated. This patient has new onset of neurological symptoms. Therefore, the request for a cervical CT scan is medically necessary.

STELLATE GANGLION BLOCK - RIGHT: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional Sympathetic Blocks Page(s): 103-104. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

Decision rationale: The Expert Reviewer's decision rationale: CA MTUS guidelines state that stellate ganglion blocks are indicated primarily for diagnosis of sympathetically mediated pain, and are generally limited to diagnosis and therapy for complex regional pain syndrome. The ODG offers proposed indications of a stellate block for the diagnosis and treatment of sympathetic pain involving the face, head, neck, and upper extremities. This patient has worsening pain in the neck and upper extremities that are thought to be consistent with complex regional pain syndrome. Therefore, the request for a stellate ganglion block is medically necessary.

LUMBAR SYMPATHETIC BLOCK - BILATERAL: 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 Regional Sympathetic Blocks Page(s): 103-104.

Decision rationale: The Expert Reviewer's decision rationale: CA MTUS guidelines state that sympathetic blocks are indicated primarily for diagnosis of sympathetically mediated pain, and are generally limited to diagnosis and therapy for complex regional pain syndrome. The ODG offers proposed indications of a lumbar sympathetic block for the diagnosis and treatment of sympathetic pain of the lower extremities. For this patient, a spinal cord stimulator had been placed. There is documentation as possible malfunctioning of the unit. The patient was to have the leads optimized, or see a neurosurgeon to replace leads with paddle leads. Therefore, since malfunction of the spinal cord stimulator could explain the patient's worsening symptoms, options of optimizing the unit should be exhausted before proceeding with sympathetic blockade. Therefore, the medical necessity of lumbar sympathetic blocks is not established.