

Case Number:	CM13-0066929		
Date Assigned:	01/03/2014	Date of Injury:	02/26/2010
Decision Date:	04/21/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/17/2013

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 Occupational Medicine 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 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:

The applicant has filed a claim for chronic neck and mid back pain reportedly associated with an industrial injury of February 26, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy, chiropractic manipulative therapy, and acupuncture; a TENS unit; epidural steroid injection therapy; adjuvant medications; cervical discectomy and fusion surgery in February 2012; and transfer of care to and from various providers in various specialties. In a utilization review report of December 10, 2013, the claims administrator denied a request for Duragesic, denied a request for Lyrica, approved a request for Zofran, approved a request for Phenergan, approved a request for Senna, denied a request for oxycodone, approved a trial of Voltaren gel, approved a follow up visit with a pain management physician and denied a spinal cord stimulator trial. The applicant's attorney subsequently appealed. An October 17, 2013 progress note is notable for comments that the applicant reports neck pain, reportedly severe, radiating to the shoulders, arms, and hands. 10/10 pain is noted. The applicant is on Senna, Colace, Phenergan, Percocet, Duragesic, Zofran, MiraLax and Zocor. Earlier CT scanning of August 2012 is notable for evidence of effusion with indwelling hardware. It is stated that the applicant is unable to perform many basic duties at home and is having issues with nausea and vomiting. Repeat fusion surgery is apparently sought. The applicant is again placed off of work, on total temporary disability. On November 19, 2013, the applicant's spine surgeon sought authorization for psychological consultation as a prerequisite to pursuit of cervical spine surgery. The applicant was again reporting severe, 10/10 neck pain radiating to the arms and was again placed off of work, on total temporary disability. The applicant's medication list included Colace, Phenergan, Senna, Percocet, Duragesic, Zofran, MiraLax, Zocor, oxycodone, and Duragesic patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPINAL CORD STIMULATOR (SCS) TRIAL WITH FLUOROSCOPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) Page(s): 107.

Decision rationale: No, the proposed spinal cord stimulator trial with fluoroscopy is not necessary, medically appropriate, or indicated here. While page 107 of the MTUS Chronic Pain Medical Treatment Guidelines does state that indications for stimulator syndrome include the diagnosis of failed back syndrome, the MTUS further notes that the procedure should be employed with more caution in the cervical spine region than in the thoracic or lumbar regions. In this case, the applicant does have ongoing complaints of cervical spine pain. The applicant is described as a candidate for cervical fusion surgery. Most of the recent progress notes on file suggest that the applicant is considering a repeat fusion surgery as opposed to spinal cord stimulator. Therefore, the request remains not certified, as the documentation on file does not establish the compelling case for the spinal cord stimulator. The applicant's spine surgeon's multiple requests for cervical fusion effectively obviate the need for the spinal cord stimulator.

FENTANYL PATCH 25 MCG/HR QTY 15 PRESCRIBED 11/20/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

Decision rationale: The request for fentanyl 25 mcg patches is likewise not medically necessary, medically appropriate, or indicated here. Fentanyl is an opioid. As noted in page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence successful return to work, improved functioning, and/or reduced pain effected as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. On October 31, 2013 progress note; she was described as having being deemed permanently disabled. She continued to report severe neck pain on multiple office visits, including those of October 2013, November 2013, and December 2013. 10/10 pain was reported on each occasion. There was no evidence of any analgesia affected as a result of ongoing medication usage. In fact, the applicant was reporting a variety of medications, which could and likely do represent opioid side effects, including nausea and vomiting. Continued usage of opioids in the face of the applicant's heightened pain complaints, failure to return to any form of work, and pursuit of cervical spine surgery are not indicated. Therefore, the request for fentanyl is not certified, on independent medical review.

LYRICA 50MG PRESCRIBED ON 11/20/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pregabalin (Lyrica) Page(s): 99.

Decision rationale: The request for Lyrica 50 mg is also not medically necessary, medically appropriate, or indicated here. As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, Lyrica or pregabalin is considered a first-line treatment for diabetic neuropathy and postherpetic neuralgia. It has also been approved to treat fibromyalgia. In this case, however, the applicant had used Lyrica well before the date in question, November 20, 2013. There was no evidence of any lasting benefit or functional improvement effected through ongoing usage of the same. The applicant's pain complaints were severe, in the 10/10 range. There was no evidence that the applicant was achieving any benefit as a result of ongoing Lyrica usage. The applicant was off of work. The applicant was using numerous other analgesic and adjuvant medications. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite ongoing Lyrica usage. Therefore, the request is not certified, on independent medical review.

OXYCODONE IR 10MG QTY 120 PRESCRIBED 11/20/13:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

Decision rationale: Similarly, the request for oxycodone immediate release prescribed on November 20, 2013, is also not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioids such as oxycodone include evidence of successful return to work, improved functioning, and/or reduced pain affected as a result of the same. In this case, however, it does not appear that the applicant meets any of these criteria. The applicant is off of work, on total temporary disability. The applicant has been deemed permanently disabled. The applicant's pain complaints are heightened on each visit, including the November 2013 office visit in question. There is no evidence that the applicant is described as having heightened difficulty-performing activities of daily living despite ongoing oxycodone usage. It is further noted that the applicant appears to be exhibiting intolerable adverse effects of opioid usage including nausea and vomiting, which, per page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, should lead the attending provider to discontinue the opioid in question. For all of the stated reasons, then, the request is not certified, on independent medical review