

<b>Case Number:</b>	CM14-0006484		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	08/29/2002
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 Orthopedic Spine Surgery 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 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 injured worker is a 54-year-old female with a reported date of injury on 08/29/2002. The mechanism of injury was noted to be due to a twist and fall. Her diagnoses were noted to include chronic lumbosacral sprain/strain with radicular symptoms and some radiculopathy, chronic sacroiliac sprain/strain bilaterally, bilateral knee pain status post diagnostic and arthroscopic evaluation for medial and lateral plical syndrome, chondral defect measuring 10 mm in diameter affecting the medial femoral condyle, complex regional pain syndrome, degenerative disc disease of the lumbar region, and anterior cruciate ligament atrophy. Her previous treatments were noted to include knee surgery, physical therapy, and pain medication. The progress note dated 11/15/2013 revealed the injured worker complained of pain rated 7/10 for back stiffness and pain. The injured worker indicated the back extension worsened the condition, back flexion worsened the condition, hip extension worsened the condition, and hip flexion worsened the condition. The back pain was described as aching, sharp, tingling, spasmodic, pressure, swelling. The injured worker also had knee pain which rated 7/10. The provider indicated the injured worker was a candidate for a spinal cord stimulator trial and reported the injured worker had a psychiatric evaluation performed 02/04/2011. The psychiatric evaluation revealed the injured worker was an appropriate candidate for the spinal cord stimulator trial. The physical examination revealed substantial lower extremity dysesthesias; findings for topical allodynia. The joint has decreased range of motion, all consistent with increased pain and provocative maneuvers; and topical allodynia would be expected with complex regional pain syndrome. The physical examination of the lumbar spine revealed tenderness to palpation of the thoracic, lumbar, and cervical paraspinal muscles. There was spasms and tenderness noted to palpation at all levels. The deep tendon reflexes were 2+ in the bilateral lower extremities with loss of sensation to the right thigh subjectively. The progress note dated 04/29/2014 revealed the

injured worker complained of back pain, low back pain, and lumbar complaints rated 8/10. The patient complained of back stiffness and pain. The injured worker also reported knee pain rated 8/10 described as burning and throbbing. Her medication regimen was noted to include Colace 250 mg 1 twice a day, omeprazole 20 mg 1 daily, Butrans 10 mcg/hour patch 1 a week, Percocet 10/325 mg one 4 times a day as needed for pain, and Phenergan 12.5 mg 1 by mouth as needed for nausea. The physical examination revealed lower extremity dysesthesias which were obvious findings for topical allodynia. There was tenderness to palpation of the thoracic, lumbar, and cervical paraspinal muscles. There was spasming and tenderness to palpation to all levels. The right greater than left worse at the trapezius had decreased cervical range of motion, as well as lumbar flexion/extension of rotation. Deep tendon reflexes were 2+ in the bilateral lower extremities with loss of sensation to the right thigh and light touch. The request for authorization form dated 11/27/2013 was for a placement of the spinal cord stimulator due to complex regional pain syndrome. The request for authorization form dated 02/17/2014 was for Percocet 10/325 mg one 4 times a day as needed for pain, Phenergan 12.5 mg 1 daily as needed for nausea, and Butrans 10 mcg/patch apply 1 once a week #4 for nociceptive pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **PLACEMENT OF SPINAL CORD: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 105-106.

**Decision rationale:** The request for placement for a spinal cord is not medically necessary. The injured worker has history of complex regional pain syndrome and chronic lumbosacral pain with radicular symptoms. The California Chronic Pain Medical Treatment Guidelines recommend spinal cord stimulators only for selected patients in cases when less invasive procedures have failed or are contraindicated, following a successful temporary trial. Although there is limited evidence in favor of spinal cord stimulators for failed back surgery syndrome and complex regional pain syndrome type I, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. The indications for stimulator implant is failed back syndrome (persistent pain in patients who have undergone at least 1 previous back operation), more helpful for lower extremity and back pain, though although both stand to benefit 40% to 60% success rate 5 years after surgery. It works best for neuropathic pain; neurostimulation is generally considered to be ineffective in treating nociceptive pain. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar. The guideline's indications also include complex regional pain syndrome/reflex sympathetic dystrophy with a 70% to 90% success rate at 14 to 41 months after a surgery. May also be used for post-amputation pain, postherpetic neuralgia, spinal cord injury with dysesthesia, pain associated with multiple sclerosis, and peripheral vascular disease. There is a lack of documentation regarding a psychological evaluation for the spinal cord stimulator trial; the previous one was from 2011. There is a lack of documentation regarding failure of

conservative care. The previous treatments were noted to include stellate ganglion block, physical therapy, and medications. There was a lack of documentation regarding the treatment will be combined with physical therapy and that the spinal cord stimulator will be used in conjunction with a comprehensive multidisciplinary medical management program. Therefore, the request is not medically necessary.

**BUTRANS 10MCG/HR PATCH, #4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

**Decision rationale:** The request for Butrans 10 mcg/hour patch #4 is not medically necessary. The injured worker has been utilizing this medication since at least 11/2013. The California Chronic Pain Medical Treatment Guidelines recommend buprenorphine for treatment of opiate addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Buprenorphine is indicated for the treatment of opiate agonist dependence and when used for treatment of opioid dependence, the clinicians must be in compliance with the Drug Addiction Treatment Act of 2000. There is a lack of documentation regarding opiate dependence to which Butrans patches are recommended. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**PERCOCET 10/325MG, #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** The request for Percocet 10/325 mg #120 is not medically necessary. The injured worker has been utilizing this medication since at least 12/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. There is a lack of evidence of decreased pain on numerical scale with the use of medications, increased functional status with daily living, side effects, and whether the injured worker has had consistent and whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to the lack of documentation regarding significant pain relief, increased function, adverse effects, and without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behavior, the ongoing use of opioid medication is not supported by the guidelines.

Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

**PHENERGAN 12.5MG, #30, WITH 3 REFILLS:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Anti-emetics.

**Decision rationale:** The request for Phenergan 12.5 mg #30 with 3 refills is not medically necessary. The injured worker has been utilizing this medication since at least 11/2013. The Official Disability Guidelines do not recommend antiemetics for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with the use of opioids and the side effects tend to diminish over days to weeks with continued exposure. The guidelines recommend Phenergan as a sedative and antiemetic in preoperative and postoperative situations. Multiple central nervous system effects are noted with use including somnolence, confusion, and sedation. Dyskinesia is also associated with use. The guidelines do not recommend antiemetics for the use of opioid-induced nausea and vomiting and there is a lack of documentation regarding efficacy of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.