

<b>Case Number:</b>	CM14-0006937		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	04/24/1999
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 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 patient is a 54-year-old male who has filed a claim for intervertebral disc disorder associated with an industrial injury date of April 24, 1999. Review of progress notes indicates neck pain with cervicogenic headaches, and pain radiating down bilateral upper extremities. Patient also complains of left shoulder pain. Findings include tenderness of the cervical region, and decreased range of motion of the cervical spine and shoulders. Cervical CT dated September 08, 2011 showed post-operative changes, large anterior osteophyte at C6 and a smaller one at C7, and foraminal narrowing at C6-7. Cervical MRI dated January 22, 2009 showed fusion changes at C4-5 and C5-6, and a disc protrusion at C3-4 touching the anterior portion of the thecal sac. Treatment to date has included NSAIDs, muscle relaxants, opioids, antidepressants, sedatives, physical therapy, stretching, trigger point injections, cervical epidural steroid injections, lumbar fusion surgery, and two cervical surgeries. Utilization review from January 06, 2014 denied the requests for spinal cord stimulator trial as there is no documentation of psychological clearance; Ambien 10mg #30 as there is no documentation of insomnia; Ultram ER 150mg and Prilosec 20mg as there is no documentation of quantity requested; and Lisinopril 10mg as there is no documentation of a diagnosis for which the use of this medication is supported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SPINAL CORD STIMULATOR TRIAL:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107,101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Spinal cord stimulators (SCS).

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines & ODG criteria for SCS trial placement include: at least one previous back operation and patient is not a candidate for repeat surgery, symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care; psychological clearance indicates realistic expectations and clearance for the procedure; there is no current evidence of substance abuse issues; and that there are no contraindications to a trial. In this case, the patient has had two cervical spinal surgeries and has failed at least 6 months of conservative therapy, and does not like taking medications due to lack of efficacy and elevated liver enzymes. Patient has received psychological clearance for trial of spinal cord stimulator implantation. Proceeding with this procedure is reasonable to deal with the patient's intractable cervical pain symptomatology. Therefore, the request for spinal cord stimulator trial was medically necessary.

**AMBIEN 10MG#30:** 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), Pain, Zolpidem (Ambien).

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

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. There is also concern that they may increase pain and depression over the long-term. Patient has been on this medication since March 2013. There is no recent documentation describing the patient's sleep issues. Also, this medication is not recommended for long-term use. Therefore, the request for Ambien 10mg#30 was not medically necessary.

**ULTRAM ER 150MG (NO QUANTITY):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

**Decision rationale:** As noted on page 78-82 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since at least January 2013. However, there is no documentation regarding significant functional benefits derived from this medication. Also, the requested quantity is not specified. Therefore, the request for Ultram ER 150mg was not medically necessary.

**PRILOSEC 20MG (NO QUANTITY):** 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors includes age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. Patient has been on this medication since January 2013. In this case, the patient is currently not on NSAID therapy. There is no documentation of symptoms referable to the upper gastrointestinal system. Also, the requested quantity is not specified. Therefore, the request for Prilosec 20mg was not medically necessary.

**LISINOPRIL 10MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference (PDR).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Lisinopril).

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, FDA was used instead. According to FDA, lisinopril is indicated for treatment of hypertension, heart failure, and acute myocardial infarction. Patient has been on this medication since at least January 2013. In this case, there is no documentation regarding cardiovascular symptoms or diagnoses in this patient. There is no description of issues regarding hypertension, heart failure, or myocardial infarction. Also, the requested quantity is not specified. Therefore, the request for lisinopril 10mg was not medically necessary.