

<b>Case Number:</b>	CM14-0010023		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	10/28/2002
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 patient is a 62-year-old male who has submitted a claim for chronic pain, failed back surgery syndrome, lumbar radiculopathy, status post lumbar spine fusion, history of failed detoxification, and history of failed multiple opiates associated with an industrial injury date of October 28, 2002. Medical records from 2010-2014 were reviewed. The patient complained of low back pain rated 2-9/10 in severity. The pain radiates to the bilateral lower extremities. There was limitation in self-care, hygiene, activity, sleep and sex. Physical examination showed tenderness in the spinal vertebral area L4-S1. Range of motion of the lumbar spine was moderately limited secondary to pain. The pain was increased with flexion and extension. Sensory examination showed decreased sensitivity to both lower extremities. Straight leg raise test was positive. CT of the lumbar spine post myelogram, dated April 24, 2012, revealed L3-L4, L4-L5 and L5-S1 solid anterior and posterolateral fusion, decompressive laminectomy without canal or foraminal stenosis, metallic hardware in good position; and L2-L3 mild disc bulge which mildly narrows the canal and left greater than right neural foramen. Treatment to date has included medications, physical therapy, acupuncture, home exercise program, activity modification, lumbar interbody fusion and facetectomy, anterior discectomy and foraminotomy, and lumbar epidural steroid injection. Utilization review, dated December 18, 2013, denied the request for Hydrocodone/Apap; spinal cord stimulator trial. For Hydrocodone/Apap, patient failed an inpatient detoxification, there was prior history of opiate dependence, and there was a complicated opiate history and multiple prescribers. As for the spinal cord stimulator trial, there was no documentation of clearing the patient from a psychosocial perspective, no CURES report, and substance abuse issue has not been ruled out given his history of failed opioid detoxification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE/APAP. SPINAL CORD STIMULATOR TRIAL.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81, 101, 105-107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page 78; Spinal cord stimulators Page(s): 105-107.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has a history of failed multiple opiates and failed detoxification. The patient was also diagnosed with iatrogenic opioid dependency. Patient has been taking Hydrocodone/Apap since June 2013 and was on opioids since 2010. The patient claims that there is improvement of his pain with medications. However, specific measures of analgesia and functional improvements such as improvements in activities of daily living were not documented. There was also no documentation of adverse effects. Previous urine drug screens were inconsistent with the prescribed medications. MTUS Guidelines require clear and concise documentation for ongoing management. Furthermore, the most recent progress report dated February 10, 2014 states that the Hydrocodone/Apap is to be discontinued. Moreover, the present request failed to specify the quantity to be dispensed. The guideline criteria were not met. With regards to spinal cord stimulator trial, page(s) 105-107 of the CA MTUS Chronic Pain Medical Treatment Guidelines states that criteria for spinal cord stimulator (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; no current evidence of substance abuse issues; and that there are no contraindications to a trial. In this case, patient has persistent low back pain that radiates down the lower extremities. The patient had two lumbar surgeries in the past. A psychological clearance was done on September 27, 2013 stating that the patient is psychosocially stable and prepared to undergo a trial of spinal cord stimulator. The procedure was requested because the patient has failed all other reasonable therapies. However, recent progress report show that there is decreased intensity of pain from 9/10 to 2/10 with his medications. There is apparent response with non-interventional care. Furthermore, there was history of inconsistencies with regards to his medication intake based on his urine drug screens. Substance abuse may be suspected from this patient. The guideline criteria have not been met. Therefore, the request for Hydrocodone/APAP.Spinal Cord Stimulator Trial is not medically necessary.