

Case Number:	CM14-0013463		
Date Assigned:	02/26/2014	Date of Injury:	08/17/2010
Decision Date:	08/04/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/03/2014

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 Anesthesiology, has a subspecialty Pain Management and is licensed to practice in Tennessee. 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 63-year-old male who has submitted a claim for lumbosacral spondylosis without myelopathy, degeneration of lumbar or lumbosacral intervertebral disc, idiopathic peripheral neuropathy associated from an industrial injury date of August 17, 2010. Medical records from 2013-2014 were reviewed, the latest of which dated April 29, 2014 revealed that the patient complains of low back, bilateral buttock and left leg pain. He reports that the pain is worsening and he is using slightly more Norco for relief now, up to about 5 tablets daily. He continues to medicate with Lyrica and Effexor at a high dose. The medications have helped and he tolerates them fairly well but admits to some afternoon somnolence. The patient described the pain as intermittent to constant aching, sharp and shooting. He rates the pain as a 9/10 today and a 7/10 over the last week. He relates the pain relief with medication or treatment over the last week is 60%. The patient can walk 15 minutes before having to stop due to pain, sit 15 minutes before having to stand due to pain and stand for 15 minutes before having to sit due to pain. Physical examination done last March 25, 2014 revealed that the patient has an antalgic gait with ability for heel and toe raise. There is tenderness noted over the lumbar spine and left paraspinal muscles. There is diminished sensation to light touch over the left leg. Treatment to date has included lumbar intra-articular facet joint injections at left L3-4 and L4-5 (4/19/13), lumbar transforaminal epidural steroid injection left L5 (7/12/13), and medications that include Lyrica, Norco, Effexor, Vicodin, Oxycodone, Methocarbamol, Baclofen, and Amitriptyline. Utilization review from January 22, 2014 denied the request for spinal cord stimulator trial between 1/8/2014 and 3/16/2014, and modified the request for Norco 5/325MG #120 to 1 prescription for Norco 5/325mg #90 between 1/8/14 and 3/16/14. Reasons for denial and modification were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPINAL CORD STIMULATOR TRIAL BETWEEN 1/8/2014 AND 3/16/2014: 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): 105-107.

Decision rationale: According to the guidelines, 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, the patient has undergone lumbar intra-articular facet joint injections as well as lumbar transforaminal epidural steroid injections, and is not a candidate for repeat back surgery. Psychological clearance was granted in January 8, 2014. However, the most recent clinical evaluation has insufficient subjective and objective findings to support the diagnosis of radiculopathy. Guideline criteria for SCS trial were not met. Therefore, the request is not medically necessary.

NORCO 5/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: Guidelines state, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient has been on Norco since August 2013 for pain. The most recent clinical evaluation revealed pain relief with its use, however, in increasing amounts of up to 5 tablets daily. Additionally, the patient reported side effects of increased afternoon somnolence. Functional improvements from its use were not documented. As such, the request is not medically necessary.