

<b>Case Number:</b>	CM14-0119008		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/15/2011
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada . 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 records presented for review indicate that this 46 year-old female was reportedly injured on July 15, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note indicates that there are ongoing complaints of low back pain. The physical examination demonstrated a well healed surgical lesion, a decrease lumbar spine range motion and no specific findings are noted. Diagnostic imaging studies were not reported. Previous treatment includes lumbar surgery, multiple medications, physical therapy, and pain management interventions. A request had been made for a spinal cord stimulator and was not certified in the pre-authorization process on July 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SPINAL CORD STIMULATION TRIAL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SPINAL CORD STIMULATORS Page(s): 107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) CRPS, Spinal Cord Stimulators Pag.

**Decision rationale:** The MTUS guidelines support the use of a psychological evaluation prior to spinal cord stimulator implantation. The requested spinal cord stimulator has not been found to be medically necessary. As such, this request is not medical necessary at this time.

**LIDO PRO TOPICAL OINTMENT 4 OZ:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111, 112, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18).

**Decision rationale:** This is a compounded preparation which includes capsaicin, lidocaine, menthol, and methyl salicylate. Neither lidocaine, nor menthol is endorsed by the California MTUS for any of this claimant's compensable diagnosis. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. This medication is not medically necessary and no weaning is needed.

**TYLENOL #3, QTY #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 1).

**Decision rationale:** Based on the clinical records presented for review, there is no clinical indication that the medication designed to treat moderate to severe pain has any demonstrated efficacy or utility. There is no increase in functionality or decrease pain levels outlined. Therefore, the medical necessity for this medication has not been established.