MAXIMUS Federal Services

Case Number:	CM14-0122447		
Date Assigned:	08/06/2014	Date of Injury:	03/08/1994
Decision Date:	09/11/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/04/2014

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 68-year-old female was reportedly injured on 3/8/1994. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 6/23/2014, indicated that there were ongoing complaints of chronic low back pain that radiated in the bilateral lower extremities. The physical examination demonstrated lumbar spine positive tenderness upon palpation at L4 through S1 levels. Limited range of motion was with pain. Decreased sensitivity to light touch along the L4-S1 dermatome in both lower extremities is noted. Straight leg raise (seated position) was positive bilaterally at 70. On fibromyalgia exam, 6/18 fibromyalgia tender points were noted. No recent diagnostic studies are available for review. Previous treatment included previous surgery, injections, physical therapy, and medications. A request had been made for battery for spinal cord stimulator, Percocet 5/325 mg #60 and was denied in the pre-authorization process on 7/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

IPG battery for spinal cord stimulator #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS).

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 Page 38 of 127 Page(s): 38 OF 127.

Decision rationale: The MTUS guidelines support the use of spinal cord stimulator trials for individuals with chronic low back pain and radiculopathy in the bilateral lower extremities. Based on the clinical documentation provided, the injured worker has continued to have severe pain and has required the use of narcotic pain medications, benzodiazepines, and medications for neuropathic pain. The injured worker has also required injections. Lacking significant documentation of benefit since the spinal cord stimulator has been in place, there is no determination of functional improvement with the continued use of this device. Therefore, the request is not medically necessary and appropriate.

Percocet 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 74, 78, 93.

Decision rationale: MTUS supports short-acting opiates like Percocet for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no clinical documentation of improvement in the pain or function with the current regimen. As such, the request is not medically necessary and appropriate.