

Case Number:	CM14-0131366		
Date Assigned:	08/20/2014	Date of Injury:	05/01/2011
Decision Date:	10/01/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/18/2014

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 Orthopedic Surgery 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 injured worker is a 62-year-old male who reported an injury on 05/01/2011; sustained an injury after carrying 100 pound tanks several times and felt left foot pain. The injured worker's treatment history included physical therapy, acupuncture sessions, surgery, and medications. The injured worker was evaluated on 08/04/2014 and it was documented that the injured worker complained of increased left heel pain, which was throbbing over the past month, especially at bed time. The pain was rated at 4/10 to 5/10 with the use of pain medications. The injured worker was still unable to walk greater than 50 yards, stand for longer than 2 hours, or lift and carry more than 20 pounds. The injured worker had inability to perform repetitive motions of stooping, bending, squatting, crouching, or reaching over shoulder due to the chronic pain. The injured worker was still experiencing severe throbbing pain, constant in the left foot and ankle. The injured worker could not sleep more than 2 to 3 hours and woke up because of severe pain. Upon physical examination, the injured worker had grossly intact sensory and had positive allodynia at the left foot and ankle area. The skin color was lighter on the left side and the pulse was normal. The provider requested a spinal cord stimulator trial to control the left foot and ankle pain since the injured worker has very small area of pain in left foot and ankle which would be the best indication for spine stimulator, continue the current medications, and psychological evaluation for the injured worker to rule out severe psychological problems. Medications included Norco and Coumadin. Diagnosis included pain in joint, ankle. Request for Authorization dated 08/05/2014 was for spinal cord stimulator trial and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

SCS (Spinal Cord Stimulator) Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator (SCS) Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) Page(s): 105-107.

Decision rationale: The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state stimulator are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. There is some evidence supporting the use of Spinal Cord Stimulation (SCS) for Failed Back Surgery Syndrome (FBSS) and other selected chronic pain conditions. Spinal Cord Stimulation is a treatment that has been used for more than 30 years, but only in the past five years has it met with widespread acceptance and recognition by the medical community. In the first decade after its introduction, SCS was extensively practiced and applied to a wide spectrum of pain diagnoses, probably indiscriminately. The results at follow-up were poor and the method soon fell in disrepute. In the last decade there has been growing awareness that SCS is a reasonably effective therapy for many patients suffering from neuropathic pain for which there is no alternative therapy. There are several reasons for this development, the principal one being that the indications have been more clearly identified. The enhanced design of electrodes, leads, and receivers/stimulators has substantially decreased the incidence of re-operations for device failure. Further, the introduction of the percutaneous electrode implantation has enabled trial stimulation, which is now commonly recognized as an indispensable step in assessing whether the treatment is appropriate for individual patients. These implantable devices have a very high initial cost relative to conventional medical management (CMM); however, over the lifetime of the carefully selected patient, SCS may lead to cost-saving and more health gain relative to CMM for FBSS. Fair evidence supports the use of spinal cord stimulation in failed back surgery syndrome, those with persistent radiculopathy after surgery. The guideline indications for a stimulator implantations failed back syndrome (persistent pain in patients who have undergone at least one previous back operation and are not candidates for repeat surgery), when are the following are present; symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care, analgesics, injections, physical therapy, neurologic agents, There should be a psychological clearance indicates realistic expectations and clearance for the procedure; no current evidence of substance abuse issues; and there are no contraindications to the trial. The injured worker has not been medically cleared of a psychological consultation for a spinal cord stimulator trial. The documents submitted for review lacked evidence of the injured worker having failed back syndrome and other selected chronic pain conditions. In addition, the documents state that the injured worker has had prior physical therapy, pain medications; however, there was lack of document on submitted indicating failed treatments. There is lack of supporting evidence to warrant request for spinal cord stimulator trial. Given the above, the request for a SCS (Spinal Cord Stimulator) Trial is not medically necessary.

Norco 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Weaning of Medications Page(s): 91,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The requested is not medical necessary. The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief for the injured worker. There was urine drug screen for opioid compliance. However, there was lack of documentation of long-term functional improvement goals for the injured worker. In addition, the request does not include the frequency, quantity or duration of medication. Given the above, the request for Norco 10 is not medically necessary.