

Case Number:	CM14-0133301		
Date Assigned:	08/22/2014	Date of Injury:	08/28/1996
Decision Date:	10/01/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/20/2014

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 50-year-old male who reported injury on 08/28/1996. The injured worker sustained injuries to his low back and left ankle but does not recall the mechanism of the injury. The injured worker's treatment history included epidural steroid injections, therapy treatment, physical therapy, medications, multiple urine drug screens, x-rays and CT scan of the lumbar spine. The injured worker was evaluated on 04/30/2014 documented the injured worker had undergone a caudal epidural catheter placement/injection under fluoroscopy guidance. The injured worker had an active spinal cord stimulator with one lead on the left side with good coverage of the left lower leg pain, however no coverage on the right lower extremity. The provider noted the injured worker did not receive any significant long term relief with this procedure, the provider would like to implant an epidural lead for the spinal cord stimulator for the injured worker on the right side because currently he had one lead on the left side which gives him good relief, but he does not have knee coverage on the right side. Postoperative condition was noted, "good". Complications, there were none. Diagnoses included failed back syndrome with radicular symptoms, spinal cord stimulator with one lead on the left side with good coverage of the left lower leg pain, however no coverage on the right lower extremity. The injured worker had a urine drug screen on 06/06/2014 that was positive for opioid usage. The Request for Authorization dated 03/25/2014 was for medications that include MS Contin, Norco, Prilosec, and ranitidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement of spinal cord stimulator generator and implantation of second lead: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: 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 patents 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. 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. The provider failed to indicate longevity of pain relief after injured worker receives epidural steroid injection. There is lack of supporting evidence to warrant request for replacement of spinal cord generator. Given the above, the request for replacement of Spinal Cord Stimulator generator and implantation of a second lead is not medically necessary.

PA Assistant: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Surgical Assistant.

Decision rationale: The request for PA Assistant is not medically necessary. The Official Disability Guidelines recommends a surgical assistant as an option in more complex surgeries as identified below. An assistant surgeon actively assists the physician performing a surgical procedure. Reimbursement for assistant surgeon services, when reported by the same individual physician or other health care professional, is based on whether the assistant surgeon is a physician or another health care professional acting as the surgical assistant. Only one assistant surgeon for each procedure is a reimbursable service, without exceptions for teaching hospitals or hospital bylaws. The provider failed to indicate outcome measurements after injured worker receives epidural steroid injection. Additionally, the injured worker has not been physiologically cleared for a spinal cord stimulator generator and implantation of a second lead.

MS Contin 30mg #60: Upheld

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

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

Decision rationale: 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. There were no conservative measures indicated for the injured worker such as physical therapy or home exercise regimen for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. In addition, the request does not include the frequency or duration of medication. Given the above, the request for MS Contin 30 mg # 60 is not medically necessary.

Norco 10/325 #60: Upheld

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

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

Decision rationale: 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. The provider failed to submit urine drug screen

indicating opioids compliance for the injured worker. There were no conservative measures indicated for the injured worker such as physical therapy or home exercise regimen for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. In addition, the request does not include the frequency or duration of medication. Given the above, the request for Norco 10/325 mg # 60 is not medically necessary.

Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

Decision rationale: Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, Omeprazole is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation provided failed to indicate the injured worker having gastrointestinal events and the Omeprazole resolves the issue and the request lacked frequency and duration of the medication for the injured worker. Given the above, the request for Prilosec 20 mg # 60 is not medically necessary.

Ranitidine 150mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Drugs.com

Decision rationale: Per drugs.com, ranitidine is in a group of drugs called histamine-2 blockers, ranitidine works by reducing the amount of acid your stomach produces. The indications for ranitidine differ a little from other H2-blockers; however, compared to cimetidine, ranitidine is 5- 12 more as potent as a histamine receptor antagonist and has less affinity for the cytochrome P450 hepatic enzyme system. The documentation that was submitted failed to indicate the injured worker having gastro esophageal reflux and other conditions in which acid backs up from the stomach into the esophagus causing heartburn. Additionally, the request failed to indicate frequency and duration of medication. As such, the request for ranitidine HCL # 60 is not medically necessary.

Lyrica 75mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

Decision rationale: California (MTUS) Chronic Pain Medical Guidelines recommends Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. On 04/30/2014 the documents there was no diagnoses indicating diabetic neuropathy or post herpetic neuralgia for the injured worker. The request did not include frequency or duration of the medication. Given the above, the request for Lyrica 75 mg # 60 is not medically necessary.