

Case Number:	CM14-0181828		
Date Assigned:	11/06/2014	Date of Injury:	06/08/1994
Decision Date:	12/11/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/03/2014

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 Board Certified Orthopedic Spine Surgeon 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 female who reported an injury on 06/08/1994. The mechanism of injury was not specifically stated. The current diagnoses include lumbar postlaminectomy syndrome, lumbosacral spondylosis without myelopathy, degeneration of lumbar or lumbosacral intervertebral disc, degeneration of cervical intervertebral disc, cervical spondylosis without myelopathy, pain in the thoracic spine, thoracic/lumbosacral neuritis/radiculitis, unspecified myalgia and myositis, unspecified neuralgia, neuritis and radiculitis, unspecified hereditary and idiopathic peripheral neuropathy, and abdominal pain. The injured worker presented on 09/09/2014 with complaints of severe lower back pain. Previous conservative treatment is noted to include cervical epidural injections, medication management, and home exercise. The injured worker reported 7/10 pain with the current medication regimen. Physical examination revealed 40 degree forward flexion of the lumbar spine, 10 degree hyperextension, 10 degree right and left lateral bending, tenderness in the right lower extremity, positive seated straight leg raise bilaterally, an antalgic gait, weakness, decreased strength in the bilateral lower extremities, diminished reflexes in the bilateral lower extremities, and hyperalgesia and allodynia in the right lower extremity extending to the foot. Treatment recommendations included continuation of the current medication regimen and an intrathecal pump trial. A Request for Authorization form was submitted on 09/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: IT perm pump implant with Morphine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Intrathecal drug delivery systems (IDDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 52-54.

Decision rationale: The California MTUS Guidelines state implantable drug delivery systems are recommended only as an end stage treatment alternative for selected patients for specific conditions. There should be documentation of a failure of at least 6 months of less invasive methods. Implantable drug delivery systems are used for the treatment of nonmalignant and noncancerous pain with a duration of greater than 6 months. There should be documentation of a failure of conservative treatment, intractable pain secondary to a disease state with objective documentation of pathology, a psychological evaluation, and a temporary trial prior to permanent implantation. The current request is for a permanent implantation of an intrathecal pump with morphine. However, there was no documentation of a successful trial. It was noted by the provider on 09/09/2014, the injured worker's intrathecal pump trial had been authorized. However, there were no recent progress notes submitted for review, documenting objective functional improvement. As such, the current request cannot be determined as medically appropriate at this time.

Associated surgical service: Pre-op labs to include: chest X-ray, EKG, and med clearance:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

Opana ER 40mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since 03/2014.

There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Lyrica 100mg #120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (pregabalin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: The California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. The injured worker has utilized this medication since 03/2014 without any evidence of objective functional improvement. Additionally, there is no frequency listed in the request. As such, the request is not medically appropriate.

Voltaren 1% gel #100gm with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state the only FDA approved topical NSAID is Voltaren gel 1%. It has not been evaluated for treatment of the spine, hip or shoulder. Therefore, the current request cannot be determined as medically appropriate in this case. There was also no frequency listed in the request. As such, the request is not medically appropriate.

Flector patch 1.3% #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state the only FDA approved topical NSAID is diclofenac. The injured worker has continuously utilized this medication since 03/2014 without any evidence of objective functional improvement. Topical diclofenac has not been evaluated for treatment of the spine, hip or shoulder. There was also no frequency listed in the request. As such, the request is not medically appropriate.

Skelaxin 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (skelaxin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. The injured worker has continuously utilized this medication since 03/2014. The guidelines do not recommend long term use of muscle relaxants. There is also no frequency listed in the request. As such, the request is not medically appropriate.