MAXIMUS Federal Services

Case Number:	CM14-0028090		
Date Assigned:	06/13/2014	Date of Injury:	12/02/2005
Decision Date:	07/16/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/05/2014

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, has a subspecialty in Pain Medicine 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:

This is a 53-year-old patient who sustained an industrial injury on 12/02/2005. Mechanism of injury was not provided. Patient has a past medical history significant for anterior fusion and ventral instrumentation from C4-C7. A request for percutaneous electrical nerve stimulator (neurostimulator) 4 times over the course of 30 days (each treatment consists of 4 days of continuous percutaneous electrical peripheral nerve stimulation) was non-certified at utilization review on 02/27/14, noting that the patient's response to treatment with PENS was somewhat contradictory as reported. It was noted that pain levels appear to have increased from 2. 5-3/10 on January 14, 2014 prior to the PENS trial up to 6.5/10 post treatment. It was also noted that the patient's neuropathic pharmacological agents had not been optimized with regard to dosage, specifically with an increase in dose of gabapentin. It was further noted the patient's opioid medications had not been reduced following the PENS trial. Supplemental progress report dated January 28, 2014 revealed the patient reporting she experiences neurological involuntary muscle/body spasm in addition to pain condition. Pain is mostly in the cervical region and radiates to the posterior head, right greater than left. Upper back pain radiates to the upper extremities, more severe on the right shoulder and arm. Low back pain also radiates to the right leg all the way to the heel of the right foot. It was reported that the patient's pain had reduced from 8/10 pre-neurostimulator treatment down to 6.5/10 post treatment. Mood and energy was enhanced and anxiety levels were decreased. Sleep was enhanced and improved. Fentanyl patch use was reduced in frequency with the patient reporting she did not need a fentanyl patch for 4 days during treatment. Current medications were listed as fentanyl 12 g per hour every 48 hours, gabapentin 300 mg 3 times per day, Topamax 75 mg in the evening, and Ambien 10 mg in the evening. It was recommended the patient undergo for subsequent treatments utilizing the neurostimulator over the course of 30 days in an effort to further reduce the patient's pain levels,

decreased narcotic consumption, reduce overall inflammation and improve functional levels. On 03/11/14, the patient reported a current pain level of 7/10. Medications were fentanyl 12 g/hour, gabapentin 300 mg 3 times per day, Topamax 100 mg in the morning, and zolpidem 10 mg in the evening. Physical examination showed more trigger points palpated along the entire spinal axis than previously. Topamax was increased to 300 mg in the evening.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCUTANEOUS ELECTRICAL NERVE STIMULATOR (PENS) (NEUROSTIMULATOR) 4 TREATMENTS OVER THE COURSE OF 30 DAYS (EACH TREATMENT CONSISTS OF 4 DAYS CONTINUOUS PERCUTANEOUS ELECTRICAL PERIPHERAL NERVE STIMULATION): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulator (Pens).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state "Not recommended as a primary treatment modality, but a trial may be considered, if used as an adjunct to a program of evidence-based functional restoration, after other non-surgical treatments, including therapeutic exercise and TENS, have been tried and failed or are judged to be unsuitable or contraindicated. There is a lack of high quality evidence to prove long-term efficacy." This case, the patient has a history of cervical postlaminectomy syndrome, low back pain, and chronic pain syndrome. The patient underwent a trial of percutaneous electrical stimulation (PENS) on 01/22/14. It is noted that response to this treatment was somewhat unclear, as pain levels appear to have increased from 2. 5-3/10 on January 14, 2014 prior to the PENS trial up to 6.5/10 post-treatment. However, on the 01/28/14 note there was reported the patient had a reduction in pain from 8/10 pre-neurostimulator treatment down to 6.5/10 post treatment. Fentanyl patch use was reduced in frequency with the patient reporting she did not need a fentanyl patch for 4 days during treatment. However, it appears this reduction in medication use only lasted during the timeframe of the 4 days of treatment. There does not appear to have been any significant sustained benefit or pain relief as a result of this treatment. Additionally, as was noted in the previous utilization review, it does not appear the patient's pharmacological regimen has been optimized. It was recommended gabapentin should be increased to an optimal dose, although this does not appear to occurred. There is no evidence the patient has failed trials of other neuropathic analgesics, such as tricyclic antidepressants or selective serotonin reuptake inhibitors (SNRIs). There is a lack of documentation regarding patient's participation and a program of functional restoration, such as physical therapy or a structured home exercise program. Given the lack of objective benefit following the trial of percutaneous electrical stimulation (PENS) on 01/22/14, the current request for percutaneous electrical nerve stimulator (neurostimulator) 4 times over the course of 30 days (each treatment consists of 4 days of continuous percutaneous electrical peripheral nerve stimulation) is not medically necessary and is not medically necessary.