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| Case Number: | CM14-0028419 | | |
| Date Assigned: | 06/16/2014 | Date of Injury: | 01/21/2003 |
| Decision Date: | 07/16/2014 | UR Denial Date: | 02/07/2014 |
| Priority: | Standard | Application Received: | 03/06/2014 |

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 Occupational Medicine and Preventative Medicine and is licensed to practice in Texas. 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 46 year old male injured on 01/21/03 due to an undisclosed mechanism of injury. Current diagnoses include cervical radiculopathy, status post cervical fusion at C5-6, cervical facet arthropathy, lumbar facet arthropathy, bilateral lumbar radiculopathy, bilateral sacroiliitis, and left sciatica. Current treatments include surgical intervention, medication management, and lumbar spinal cord stimulator placement. The clinical note dated 01/30/14 indicates the injured worker presented complaining of neck and right arm pain with occasional numbness. The injured worker reports spinal cord stimulator is controlling pain in the low back and lower extremities. Medications help the injured worker manage pain and improve function. Physical assessment reveals decreased cervical range of motion, positive facet loading, tenderness to palpation of the cervical spine, positive tenderness to palpation of the lumbar spine, positive tenderness to palpation of the sacroiliac joint, positive Lesegue's, decreased deep tendon reflexes in the upper extremities bilaterally, sensation intact bilaterally, and motor strength 4/5 on the right and 5/5 on the left upper extremities. Current medications include Skelaxin 800mg three times daily, Lorazepam tablet every morning and 1-2 tablets at night, Wellbutrin 300mg at night, Aspirin 500mg daily, Diclofenac 75mg twice daily, Tramadol 50mg 3-4 daily, and Lyrica 75mg twice daily. Plan of care includes request for spinal cord stimulator trial of cervical leads, continued use of lumbar spinal cord stimulator, continue medications, and perform urine drug screen. The initial request for Tramadol 50mg, Lorazepam, Skelaxin 800mg, and spinal cord stimulator trial - cervical was initially non-certified on 02/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented visual analogue scale (VAS) pain scores for this injured worker with or without medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the request of Tramadol 50mg is not medically necessary and appropriate.

LORAZEPAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Studies have shown that tolerance to hypnotic effects develops rapidly and tolerance to anxiolytic effects occurs within months. It has been found that long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. As such the request for Lorazepam is not medically necessary at this time.

SKELAXIN 800MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients

with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the request of Skelaxin 800mg is not medically necessary and appropriate.

SPINAL CORD STIMULATOR TRIAL-CERVICAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Spinal Cord stimulation and the international Neuromodulation Society (www.neuromodulation.com/spinal-cord-stimulation-for-neuropathic-pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105.

Decision rationale: As noted on page 105 of the Chronic Pain Medical Treatment Guidelines, spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. Although there is limited evidence in favor of Spinal Cord Stimulators (SCS) for Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. There is no indication that additional surgical interventions have been ruled out, drug abuse issues are not present, and a complete psychological evaluation has been performed. As such, the request for Spinal Cord Stimulator Trial-Cervical is not medically necessary and appropriate.