

Case Number:	CM14-0034215		
Date Assigned:	06/20/2014	Date of Injury:	08/12/2010
Decision Date:	08/12/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/19/2014

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 Family Medicine and is licensed to practice in Utah. 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 patient is a 31 year-old male. The patient's date of injury is August 12, 2010. The mechanism of injury was a fall from a scissor lift. The patient has been diagnosed with chronic pain, right shoulder pain, right elbow pain, and status post elbow surgery, cervical strain, internal derangement of the right shoulder, costochondritis. lumbosacral strain. internal derangement of the knee. The patient's treatments have included surgical intervention (multiple elbow surgeries), physical therapy, imaging studies and medications. The physical exam findings, dated 2/4/2014 showed the patient with low back pain that radiated into the right leg. He was noted with neck pain that radiated into the right arm. with 4 of 5 muscle pain upon flexion and extension of the neck. It was noted that he had decreased extension over the fourth and fifth fingers of the right hand. On his elbow exam, he had tenderness. The patient's medications have included, but are not limited to, Vicodin, Prilosec, Zanaflex. The request is for Norco (Vicodin). This medication was used for unclear amount of time and it is unclear when the patient was started on this medications. The outcomes of taking the medications are not clear at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous Cervical Cord Stimulator Trial (unspecified length of stay): 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), Pain Chapter.

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

Decision rationale: MTUS treatment guidelines do briefly discuss the spine stimulator, and state that they are rarely used, and that should only be reserved for patients who has not responded to standard operative and nonoperative interventions. This is stated under the low back chapter, however, not the neck pain chapter. Other guidelines were used. The request is for Percutaneous Cervical Cord Stimulator Trial (unspecified length of stay): Official Disability Guidelines state very specific guidelines for an implanted stimulator. This includes but is not limited to, Failed Back syndrome, realistic expectations of procedure, no substance abuse, no contraindications, and permanent placements requires evidence Neurostimulation is consider ineffective in treating nociceptive pain. There is no documentation of a psychological evaluation that states that the pain is no psychological for the patient. There is also no documentation that states there are no contraindications for this particular surgery. According to the clinical documentation provided and current guidelines; the requirements for the stimulator implantation have not been met. Therefore, it is not indicated as a medical necessity to the patient at this time.

Norco 10/325mg, Qty #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. According to the clinical records, it is unclear how much Norco the patient was taking previously, and what the results/outcome of taking that medication were. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, it is unclear that the medications are from a single practitioner or a single pharmacy. Documentation of adverse side effects and aberrant drug usage is unclear at this time. According to the clinical documentation provided and current MTUS guidelines; Norco is not indicated a medical necessity to the patient at this time.