

<b>Case Number:</b>	CM14-0044731		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/15/2011
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 55-year-old male was reportedly injured on June 15, 2011. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated December 17, 2013, indicated that there were ongoing complaints of low back pain and left ankle pain. Current medications include Norco and Lyrica. The physical examination demonstrated allodynia at the left ankle and pain with range of motion. There were spasms and tenderness along the paravertebral muscles of the lumbar spine with decreased lumbar spine range of motion. Current medications were refilled, and there was consideration of a spinal cord stimulator trial. Results of current diagnostic studies were not stated. A request was made for Norco and a spinal cord stimulator trial and was not certified in the pre-authorization process on June 15, 2011.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74,78,93 of 127.

**Decision rationale:** The California MTUS supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee does have chronic pain; however, there was no clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not medically necessary at this time.

**Spinal Cord Stimulator trial:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 105 of 127.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, a spinal cord stimulator is recommended for those individuals with neuropathic pain who have failed to improve with conventional medication management. However, a psychological evaluation is recommended prior to instituting a spinal cord stimulator trial. As there has been no psychological evaluation completed, this request for a spinal cord stimulator trial is not medically necessary.