

Case Number:	CM14-0048792		
Date Assigned:	06/25/2014	Date of Injury:	08/18/2003
Decision Date:	07/23/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/27/2014

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 Orthopedic Surgery 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 claimant is a 67 year old male who sustained a vocationally-related low back injury while employed as a maintenance foreman on 08/18/03. The medical records provided for review identify the claimant's current diagnoses as: post-traumatic stress disorder, major depressive disorder, pain disorder, chronic contractible low back pain, lumbar radiculopathy, and failed back syndrome. The office note of 02/11/14 with [REDACTED] documented that the claimant's previous urine toxicology screen was consistent with his prescribed medications with no evidence of illicit substances. It was also documented that despite taking his prescribed medications, the claimant experienced increased pain with colder weather. The claimant also continued to see a psychiatrist. Physical examination findings included decreased sensation in the right lower extremity in an L3-4, L4-5, L5-S1 distribution, limited forward flexion and side bending, tight lumbar paraspinal muscles, and trigger points were noted. Deep tendon reflexes were +1 at the patella and Achilles on the right and +2 at the patella and +1 Achilles on the left. Other than the chronic use of the medications including narcotics and psychiatric evaluations, there is no other documentation of conservative treatment that the client has attempted and failed to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone, Weaning Page(s): 75, 91, 124.

Decision rationale: Based upon the California MTUS Chronic Pain Guidelines, the prescription for Norco cannot be recommended as medically necessary. The medical records document that a previous utilization review recommended weaning of the narcotic medication and prescribed 90 tablets of Norco with zero refills to complete the weaning process. The medical records do not indicate whether the weaning process Norco was successful. In light of the fact the ultimate goal is to alleviate the use of Norco for this claimant and a weaning dose was prescribed as indicated above in accordance with the Chronic Pain Guidelines, the request for 120 tablets of Norco cannot be recommended as medically necessary.

spinal cord stimulator candidacy consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRSP, spinal cord stimulators Page(s): 38; 101, 105-107.

Decision rationale: Based on the California MTUS Chronic Pain Guidelines, the request for consultation for Spinal Cord Stimulator candidacy cannot be recommended as medically necessary. The medical records do not contain documentation that the claimant has attempted, failed, and exhausted a formal course of conservative treatment prior to considering the Spinal Cord Stimulator. Documentation is also not clear that the claimant has had previous surgical intervention. The Chronic Pain Guidelines recommend that Spinal Cord Stimulator implants should only be considered in claimants who have had at least one previous back operation. Other indications for Spinal Cord Stimulators include chronic regional pain syndrome, post amputation pain, post traumatic neuralgia, spinal cord injury with dysesthesia, the pain associated with multiple sclerosis and peripheral vascular disease. The medical records do not identify that this claimant has been diagnosed with any conditions. Therefore, based on the documentation presented for review and the California MTUS Chronic Pain Guidelines, the request for the Spinal Cord Simulator consultation for candidacy cannot be considered medically necessary.