

Case Number:	CM14-0057024		
Date Assigned:	07/09/2014	Date of Injury:	06/13/2005
Decision Date:	08/29/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/28/2014

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 Texas and Oklahoma. 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 68-year-old male who reported an injury on 06/13/2005. The mechanism of injury was not stated. The injured worker reportedly sustained an injury to his low back. The injured worker's injury ultimately resulted in surgical intervention that failed to control the injured worker's pain. The injured worker's postsurgical pain was controlled with epidural steroid injections and multiple medications. The injured worker was evaluated on 04/03/2014. It was noted that the injured worker had a complaint of chronic low back pain rated at 4/10 to 8/10. It was noted that previous conservative treatments included physical therapy, narcotic pain management, and 3 epidural steroid injections. The injured worker's medications were listed as Norco 10/325 mg and cyclobenzaprine. It was noted that the injured worker had a reduction in pain with medications from 8/10 to 2/10. The injured worker's diagnoses included postlaminectomy syndrome of the lumbar region and back pain of the lumbar region with radiculopathy. Physical findings included tenderness to palpation over the L5-S1 with limited range of motion secondary to pain and a positive bilateral straight leg raise test. It was noted that the injured worker had decreased sensation in the right lower extremity and an antalgic and weak gait. Request was made for a refill of Norco 10/325 mg to be filled on 04/18/2014, a spinal cord stimulator trial with preoperative psychiatric clearance, and preoperative lab testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 105.

Decision rationale: The requested spinal cord stimulator trial is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend spinal cord stimulator trials for injured workers who have a history of aberrant behavior. It is noted within the documentation that the injured worker has violated pain contracts with other physicians. Additionally, a spinal cord stimulator trial is recommended by California Medical Treatment Utilization Schedule to be supported a psychological evaluation. There is no documentation that the injured worker has undergone a psychological evaluation to determine the appropriateness of this treatment modality. As such, a spinal cord stimulator trial is not medically necessary or appropriate.

Pre-Operative Labs, Hibiclens Bath, Psych Clearance, Methicillin-resistant staphylococcus aureus Swab: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators). Decision based on Non-MTUS Citation Official Disability Guidelines, Infectious Diseases: Methicillin-resistant staphylococcus aureus (MRSA), Risk factors for MRSA Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar;116(3):522-38 (173 references).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco), Opioids, criteria for use, Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management and Initiating Therapy Page(s): 77-78.

Decision rationale: The requested Norco 10/325 mg is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker will be receiving this medication from the requesting physician as of 04/18/2014. It is noted within the documentation that the injured worker has a reduction in pain from 8/10 to 2/10. California Medical Treatment Utilization Schedule recommends ongoing use of opioids in the management

of chronic pain be supported by documented functional benefit, evidence of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. As this medication is being initiated with this treating physician it would be expected that a urine drug screen would be requested prior to initiation of this medication. The clinical documentation indicates that the injured worker has a history of aberrant behavior. Additionally, the clinical documentation submitted for review does not provide any evidence of significant functional improvement resulting from the use of this medication. Furthermore, the request as it is submitted does not clearly identify a quantity or frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325 mg is not medically necessary or appropriate.