

Case Number:	CM14-0060699		
Date Assigned:	07/09/2014	Date of Injury:	05/06/2002
Decision Date:	08/15/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/01/2014

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 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 patient is a 54-year-old female who was injured on May 06, 2002. The mechanism of injury is unknown. Prior medication history as of April 30, 2014 included Imitrex, meloxicam 7.5mg, Lyrica 75mg, Cymbalta 30mg, Diovan 40mg; Flexeril 10mg, Integra 325mg, and multivitamin. Prior treatment history has included cervical epidural steroid injection (ESI), right stellate ganglion, which provided little benefit; and spinal cord stimulator revision on September 30, 2011, August 10, 2012, January 11, 2013, April 08, 2013 and May 2013. Interim pain report dated April 10, 2014 states the patient complained of swelling and pain in her right hand. She also has pain in her posterior neck, hand and arm with associated weakness. She rated her pain as an 8/10 at best and 10/10 at its worse. On exam, there is tenderness to palpation of the neck, midline of the cervical spine. The right trapezius is swollen and right sternocleidomastoid. Range of motion of the neck shows flexion is decreased as well as extension. Lateral rotation is significantly decreased to the right and moderately decreased to the left. Lateral bending is significantly decreased. Neurologic examination reveals hypersensitivity on the right. Spurling test positive on the right. Muscle strength is 3+/5 on the right. She is diagnosed with reflex sympathetic dystrophy upper limb, and pain in shoulder joint. She was recommended for revision of spinal cord stimulation (SCS) generator site and discussed long-term opioid management. Prior utilization review dated April 30, 2014 states the request for Norco 10mg/325mg tablets #480 is partially certified and has been modified to Norco 10mg/325 #30; Revision or removal of implanted spinal neurostimulator pulse generator or receiver is not certified as the patient has had 5 revisions with no documentation of improvement and there is no explanation of functional improvement. Fluoroscopic Guidance; Requests for Oxycontin 80mg tablets #120 as there is no documentation of functional improvement; Meloxicam 7.5mg #120 is

denied as it is recommended for short term use only, Lyrica 75mg capsules #90 are not authorized as it is not documented as effective.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (10mg/325mg tablets, #480): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-83, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the California MTUS guidelines, opioids are recommended for moderate to severe chronic pain if efficacy is established though evidence of positive outcomes in terms of pain, function or quality of life is lacking. In this case, the patient is prescribed Norco on a chronic basis, yet medical records fail to establish clinically significant functional improvement or reduction in dependency on medical care. Therefore, the request is not medically necessary.

Revision or removal of implanted spinal neurostimulator pulse generator or receiver:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Spinal Cord Stimulator.

Decision rationale: According to the California MTUS guidelines, Spinal Cord Stimulators are indicated for selected patients where less invasive options have failed. There is limited evidence in favor of Spinal Cord Stimulators for complex regional pain syndrome (CRPS) Type I, failed back syndrome or chronic pain. In this case, the patient has had five Spinal Cord Stimulator revisions over the past 3 years. An additional revision is requested. However, previous revisions have not resulted in clinically significant functional benefit or reduction in dependency upon medical care. Therefore, the request is not medically necessary.

Fluoroscopic Guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Oxycontin (80mg tablets, #120): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 80-83, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Oxycodone.

Decision rationale: According to California MTUS guidelines, opioids are recommended for moderate to severe chronic pain if efficacy is established though evidence of positive outcomes in terms of pain, function or quality of life is lacking. In this case, the patient is prescribed Oxycontin on a chronic basis, yet medical records fail to establish clinically significant functional improvement or reduction in dependency on medical care. Therefore, the request is not medically necessary.

Meloxicam (7.5mg, #120): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Meloxicam.

Decision rationale: According to California MTUS guidelines, NSAIDs are recommended at the lowest dose for the shortest duration possible, for moderate to severe pain from osteoarthritis. They are for short-term treatment as a second-line option for acute exacerbations of chronic low back pain. In this case, the patient is prescribed Meloxicam on a chronic basis without documentation of clinically significant functional improvement in terms of pain, function or quality of life. There has not been a reduction in dependency on medical care. Therefore, the request is not medically necessary.

Lyrica (75mg capsules, #90): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 19-20, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Lyrica.

Decision rationale: According to California MTUS guidelines, Lyrica is recommended for the treatment of post-herpetic neuralgia, diabetic neuropathy and fibromyalgia. It may be beneficial in other neuropathic pain conditions though evidence is lacking. In this case, medical records do not establish clinically significant functional improvement with use of this medication. There continue to be complaints of severe pain and dysfunction with dependency on medical care. The patient is not working. Therefore, the request is not medically necessary.