

<b>Case Number:</b>	CM14-0064282		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/08/1994
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 Arizona. 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 68-year-old female with a date of injury on 3/8/1994. Diagnoses include lumbar failed surgery syndrome, lumbar radiculopathy, chronic pain, and status post bilateral total knee arthroplasty. Subjective complaints are of low back pain with radiation down the bilateral legs. Pain is rated 8/10 with medications, and 9/10 without. It is noted that the patient's spinal cord stimulator stopped working and the battery was in need of replacement. Physical exam shows an antalgic gait, 16/18 fibromyalgia tender points, lumbar tenderness, and decreased lumbar range of motion. There are positive bilateral straight leg raise tests and diminished sensitivity over the L4-S1 dermatomes. Medications include Percocet, Alprazolam, Bupropion, Fluoxetine, Glucotrol, Ibuprofen, Lyrica, Sanctura, and Simvastatin. Submitted documentation indicates that the spinal cord stimulator was effective in improving the patient's pain and functions by 50%. In regards to opioid medications, the records state that the patient has a signed pain contract, and medication is effective in improving function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Replacement Battery For Spinal Cord Stimulator:** Overturned

**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): 105-107.

**Decision rationale:** The CA MTUS recommends spinal cord stimulators only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. For this patient, prior use of the spinal cord stimulator was documented as providing pain relief and increased function when the unit was functional. Therefore, the medical necessity for a battery replacement is established.

**Percocet 5/325 MG Quantity 60:** Overturned

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

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

**Decision rationale:** The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines including urine drug screen, risk assessment, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.