

Case Number:	CM14-0072109		
Date Assigned:	07/16/2014	Date of Injury:	12/20/1986
Decision Date:	09/08/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/19/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 61-year-old female with a 12/20/86 date of injury, and status post L4-5 and L5-S1 fusion. At the time (4/29/14) of request for authorization for spinal cord stimulation trial and MS Contin 60mg, there is documentation of subjective (radicular pain radiating to bilateral lower extremities, pain rated 8/10 poorly controlled with current medical management) and objective (decreased lumbar spine range of motion in flexion, extension, and lateral rotation, tenderness to palpation paravertebral muscles) findings, current diagnoses (chronic pain syndrome, lumbar post laminectomy syndrome, and lumbar radiculopathy), and treatment to date (medications (including ongoing use of MS Contin since at least 7/13)). 4/11/14 psychological evaluation identifies that the patient does not have any psychological barriers to spinal cord stimulator trial. Regarding the requested spinal cord stimulation trial, there is no documentation that less invasive procedures have failed or are contraindicated. Regarding the requested MS Contin 60mg, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a result of MS Contin use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulation 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 CRPS (Complex Regional Pain Syndrome) and spinal cord stimulators Page(s): 105-107; 38.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), primarily lower extremity pain, less invasive procedures have failed or are contraindicated, and a psychological evaluation prior to a trial, as criteria necessary to support the medical necessity of spinal cord stimulation in the management of failed back syndrome. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, lumbar post laminectomy syndrome, and lumbar radiculopathy. In addition, there is documentation of failed back syndrome, primarily lower extremity pain, and a psychological evaluation for spinal cord stimulator trial. However, there is no documentation that less invasive procedures have failed or are contraindicated. Therefore, based on guidelines and a review of the evidence, the request for spinal cord stimulation trial is not medically necessary.

MS Contin 60mg: Upheld

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): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, lumbar post laminectomy syndrome, and lumbar radiculopathy. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given medical records reflecting prescription for MS Contin since at least 7/13, and given documentation of pain rated 8/10 poorly controlled with current medical management, there is no documentation of functional benefit or improvement as a result of MS Contin use to date. Therefore, based on guidelines and a review of the evidence, the request for MS Contin 60mg is not medically necessary.

