

Case Number:	CM14-0083422		
Date Assigned:	07/21/2014	Date of Injury:	07/13/2006
Decision Date:	10/14/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/05/2014

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:

There were 84 pages provided for this review. Per the records provided, there was a note from November 8, 2013 from neurological surgery medical Associates. The patient has a history of bowel incontinence, severe anorectal pain and sacral nerve dysfunction. The patient has been refractory to all treatments. There does not appear to be any anatomic compression of his spine. The doctor however recommended a sacral nerve spinal cord stimulator panel placement through and L5-S1 laminotomy with a paddle trial. If the patient does well and they can proceed to permanent implantation. It is mentioned that the patient has an existing spinal cord stimulator system but he would likely require new battery. There was a qualified medical evaluator psychological assessment from November 18, 2013. He is very depressed and anxious about the pain. He has difficulty going to the bathroom. He spends 10 hours a day sitting on the toilet straining to go. He developed a severe depression and anxiety. [REDACTED] scored 63 placing him at a severe depression and 57 on the anxiety inventory suggesting severe anxious state. His thought processes were impaired by excessive worry and preoccupation with illness. He will undergo weekly cognitive behavior. There was a note from December 16, 2013. Contrary to the previous dire assessment, the provider notes he is optimistic about a possible stimulator. He should have a good outcome. There was a December 6, 2013 Coast Pain management note. He still has low back pain which radiates to his left lower extremity. He has complaints of neurogenic bowel and bladder. A lumbar CT scan myelogram showed a solid lumbar fusion. EMG showed an active right L5 S1 radiculopathy. Medicines included Norco, Remeron, Prozac, and Prilosec., Cialis, Ativan, and Xanax. He is status post a right L4-L5 hemilaminectomy in 2007, right lower extremity radiculopathy, with positive provocative discogram, carpal tunnel syndrome, sexual dysfunction, left shoulder strain and possible right inguinal hernia repair. There is also pain and numbness in his right hand from a diagnosis of carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG # 120, weaning to discontinue over 6 mos: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, pain agreement, Page(s): 77,76,80,89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

Decision rationale: In regards to Opiates, long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. Moreover, this claimant has profound bowel stoppage, and adding an opiate that will further impact the colon through constipation is not clinically prudent. The request for long-term opiate usage is not medically necessary per MTUS guideline review.