

<b>Case Number:</b>	CM14-0084096		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	08/04/2008
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Family Medicine and is licensed to practice in North Carolina. 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 claimant had an original date of injury of 8/4/2008 when he developed back pain while lifting a box of melons. He has ongoing pain in low back with pain and numbness in left. His diagnoses are lumbar radiculopathy, lumbar disc disease and depression. Treatment has included physical therapy, steroid injection which did not provide relief, functional rehabilitation program and medications. The request is for a spinal cord stimulator trial (2 octrode lead), Baclofen #90, Felctor patch and monthly psychiatrist follow up for 4 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **2 Octrode Lead SCS Trial: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, spinal cord stimulator and Spinal Cord Stimulator Page(s): 101, 106-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Spinal Cord Stimulator.

**Decision rationale:** CA MTUS states that spinal cord stimulator only for selected patients only for selected patients when less invasive procedures have failed, for the diagnoses listed below

and after a successful trial. Consideration of spinal cord stimulator is reasonable in failed back syndrome, complex regional pain syndrome or chronic neuropathic pain in which appropriate medical management for at least 6 months has not provided adequate relief. Psychological evaluation prior to trial implantation is indicated and recommended. ODG includes the following criteria for consideration of a spinal cord stimulator for failed back syndrome (persistent pain in patients who have undergone at least one previous back operation and are not candidates for repeat surgery), when all of the following are present: (1) symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care (e.g. neuroleptic agents, analgesics, injections, physical therapy, etc.); (2) psychological clearance indicates realistic expectations and clearance for the procedure; (3) there is no current evidence of substance abuse issues; (4) there are no contraindications to a trial; (5) Permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after temporary trial. Estimates are in the range of 40-60% success rate 5 years after surgery. Neurostimulation is generally considered to be ineffective in treating nociceptive pain. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar due to potential complications and limited literature evidence. In this case, there is good documentation of failure of conservative treatments. The medical records indicated that surgery is not indicated (lumbar fusion was considered and discarded because of the failure of symptoms to respond to epidural steroid injection). A psychological evaluation as obtained and raised significant concerns about the appropriateness of a trial of a spinal cord stimulator at this time because of significant untreated depression (he was described as a guarded candidate), with at times some suicidal ideation. The evaluator raised stated that the claimant needed assistance with decision making and recommended involving family to assist with this. The evaluator recommended ongoing psychological/psychiatric treatment. A trial of spinal cord stimulator is not medically indicated at this time as there are substantial psychological concerns, including severe untreated depression and decision making problems, raised by the pre- procedure evaluation. I am upholding the original UR decision.

**Baclofen 10mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 63-66.

**Decision rationale:** The CA MTUS allows for the use, with caution, of non-sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of Baclofen. This is not medically necessary and the original UR decision is upheld.

**Flector patch 1.3% (2 boxes):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-112.

**Decision rationale:** CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. Flector patches are therefore not medically indicated for ongoing treatment of chronic pain. The original UR decision is upheld.

**Follow-up with Psychiatrist on a monthly basis for 4 months:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 101-102.

**Decision rationale:** CA MTUS and ODG both recommend psychological treatment with a focus on identification and reinforcement of coping skills, which is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Recent reviews support the assertion of efficacy of cognitive-behavioral therapy (CBT) in the treatment of pain, especially chronic back pain (CBP). Screen for patients with risk factors for delayed recovery risk. Initial therapy for these "at risk" patients should be physical therapy for exercise instruction, using a cognitive motivational approach to PT. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone with initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, treatment may consist of up to 6-10 visits over 5-6 weeks (individual sessions). With severe psych comorbidities (e.g., severe cases of depression and PTSD) follow the ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions is allowed, if progress is being made. In this case, there is good documentation of severe depression which will require aggressive ongoing treatment. It is medically necessary for at least 4 months of treatment, at monthly intervals, as requested. I do note that it will be important for the treating psychiatrist to follow the guidelines regarding evaluation and documentation of symptom improvement so that in the case of treatment failures, alternative treatments can be pursued. I am reversing the original UR decision and approving 4 monthly follow up sessions with a psychiatrist.