

Case Number:	CM14-0087813		
Date Assigned:	07/23/2014	Date of Injury:	03/21/2002
Decision Date:	08/28/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/11/2014

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 Orthopaedic Surgery, 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:

This 59-year-old male sustained an industrial injury on 3/21/02. Injury occurred when he was pulling a beam and the rope snapped and he fell on his back. The patient was status post 3 level lumbar fusion in 2004 with subsequent hardware removal in 2006. The patient tried a spinal cord stimulator on 11/9/06 with good paresthesia coverage and good lower extremity pain relief of about 50-60% with ability to increase his activity. The patient had blood clots with his spine surgery, requiring exploration and removal, and was very anxious about the spinal cord stimulator and declined permanent implantation. Records indicated that the patient was prescribed Doral on 1/24/14 with medications dispensed. The 5/16/14 treating physician report indicated the patient was last seen on 3/21/14 and had been experiencing increased lower back pain radiating down both lower extremities. He complained of grade 8/10 back pain that was limiting in mobility and activity tolerance. He was taking increasing amounts of Norco, up to 7 tablets per day. A lumbar epidural steroid injection on 4/24/14 did not provide any significant benefit. The patient indicated that he was ready and wanted a spinal cord stimulator. Physical exam documented posterior lumbar muscle tenderness and increased rigidity bilaterally. There were numerous lumbar paraspinal trigger points. There was decreased lumbar range of motion with obvious muscle guarding. Deep tendon reflexes were decreased on the right. Muscle strength was slightly decreased globally over the lower extremities. Sensation was decreased along the left L5/S1 distribution. Straight leg raise was positive on the left. The treatment plan recommended a spinal cord stimulator trial, psychological evaluation and testing, trigger point injections, and prescribed medications. Dispensed medications included Norco, Ultra, Anaprox, Prilosec, and Doral. The 6/5/14 utilization review denied the request for Doral 15 mg #30 as there was no medical rationale for provided a benzodiazepine in the absence of guideline support

in long term pain patients. The request for spinal cord stimulation was denied as the patient had not completed a trial and the required psychological screening exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doral 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS do not recommend the use of benzodiazepines, like Doral, for long-term use. Most guidelines limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. The continued use of this medication is not supported by guidelines. This medication has been in use since at least January 2014. Prior utilization review have recommended discontinuation and allowed for weaning. There is no risk of withdrawal as this medication has been dispensed. Therefore, this request for Doral 15 mg Quantity 30 is not medically necessary.

Spinal Cord Stimulation - Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107.

Decision rationale: The California MTUS guidelines recommend the use of spinal cord stimulators (SCS) only for selected patients in cases when less invasive procedures have failed or are contraindicated, for diagnoses including failed back syndrome. A psychological evaluation is recommended prior to placement of the spinal cord stimulator. Guideline criteria have not been met. The patient presents with debilitating back pain that has failed medications and epidural injection. There is no clear documentation of recent physical therapy/exercise care. There is no evidence that a psychological evaluation has been completed. Therefore, this request for spinal cord stimulation for the lumbar spine is not medically necessary.