

Case Number:	CM14-0184108		
Date Assigned:	11/12/2014	Date of Injury:	08/25/2010
Decision Date:	03/16/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 injured worker is a 61-year-old male who reported an injury on 08/25/2010. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of lumbar spondylosis without myelopathy. Past medical treatment consisted of surgery, conservative therapy (not specified), and medication therapy. Medications include MS Contin 60 mg, amitriptyline 150 mg, and Norco 5/325 mg. On 04/08/2014, the injured worker underwent an MRI of the lumbar spine which revealed L1 compression fracture, likely old; L4-5 spondylolisthesis with postoperative changes and focal arachnoiditis myelitis and mild lumbar spondylosis; and mild central canal narrowing at T2 and L1, L2, and L3. On 09/30/2014, the injured worker was seen for a follow-up appointment, and he had complaints of low back pain that radiated down both his legs all the way down to the feet. The injured worker also had complaints of right knee pain. He stated the pain was constant, aching, and sharp at times. The injured worker rated the pain without medications at 10/10, and with medications at 6/10. Upon physical examination, there was noted moderate pain with lumbar extension and positive straight leg raise bilaterally at 45 degrees. There were moderate palpable spasms bilaterally to the lumbar paraspinous muscles with a positive twitch response. The medical treatment plan is for the injured worker to undergo spinal cord stimulator placement with percutaneous leads and continue with medication therapy. The rationale and Request for Authorization Form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient permanent spinal cord stimulator (SCS) placement.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 105-106.

Decision rationale: The request for outpatient permanent spinal cord stimulator (SCS) placement is not medically necessary. The California MTUS Guidelines state that implantable spinal cord stimulators are rarely used, and should be reserved for injured workers with low back pain for more than 6 months duration, who have not responded to standard nonoperative or operative interventions. Indications for the use of stimulator implantation are failed back syndrome, complex regional pain syndrome, post amputation pain, postherpetic neuralgia, spinal cord injury dysesthesias, and pain associated with multiple sclerosis, as well as peripheral vascular disease. The guidelines recommend spinal cord stimulators for patients who have undergone at least 1 previous back operation and who are not a candidate for repeat surgery with symptoms of primarily lower extremity radicular pain, a psychological clearance, no current evidence of substance abuse issues, and no contraindications to a trial. Permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after the temporary trial period. The documentation lacked evidence of failed back surgery and failed conservative treatment. It did not specify what type of previous conservative treatment the injured worker had undergone or the efficacy. There was a lack of physical examination findings. Additionally, the included medical records lacked evidence of a psychological clearance indicating realistic expectations and clearance for the procedure. Furthermore, there was no current evidence of addressing substance abuse issues. Given the above, the injured worker is not within the MTUS recommended guideline criteria. As such, the request is not medically necessary.

Associated surgical services: pre-operative labs; chest x-rays; EKG.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary

Pharmacy purchase of MS Contin 60mg #90.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management, Opioids, dosing Page(s): 60, 78, 86.

Decision rationale: The request for pharmacy purchase of MS Contin 60mg #90. The California MTUS Guidelines recommend opioids for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opioids should not exceed 120 mg oral morphine equivalence per day. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that it was helping with any functional deficits the injured worker had. Additionally, there were no assessments indicating what pain levels were before, during, and after medication administration. Furthermore, the submitted documentation lacked evidence of the injured worker being monitored for aberrant drug related behaviors. The request as submitted also did not specify a frequency for the medication. As such, the request is not medically necessary.

Pharmacy purchase of Norco 5/325mg #120.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management, Opioids, dosing Page(s): 60, 78, 86.

Decision rationale: The request for pharmacy purchase of pharmacy purchase of Norco 5/325mg #120. The California MTUS Guidelines recommend opioids for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opioids should not exceed 120 mg oral morphine equivalence per day. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that it was helping with any functional deficits the injured worker had. Additionally, there were no assessments indicating what pain levels were before, during, and after medication administration. Furthermore, the submitted documentation lacked evidence of the injured worker being monitored for aberrant drug related behaviors. The request as submitted also did not specify a frequency for the medication. As such, the request is not medically necessary.