

Case Number:	CM14-0194379		
Date Assigned:	12/10/2014	Date of Injury:	07/23/2002
Decision Date:	02/04/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/20/2014

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 Orthopedic Surgeon and is licensed to practice in Georgia and South 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 injured worker is a 50-year-old male who reported an injury on 07/23/2002. The mechanism of injury was not specified. His diagnoses included chronic pain syndrome, postsurgical spine syndrome of the lumbar region, chronic neuropathic limb pain, sciatica, lumbago, hip arthritis, and myalgias. His past treatments included medications and spinal cord stimulator. Diagnostic studies included review of the cervical spine performed on 10/09/2014 which revealed no cervical spine fracture, ACDF at the C4-5, C5-6 and C6-7 with anterior plate and screw fixation and C4-5 appears to be mature but no definite consolidated graft extension from the bridging to endplate at C5-6 or C6-7 to indicate maturity at these levels. There is mild right neural foraminal narrowing at the C5-6 with moderate right neural foraminal narrowing on the C6-7 level; a computed tomography of the lumbar spine with reformations performed on 09/10/2014 which revealed intervertebral artificial disc replacement at the L4-5 and L5-S1, the disc prosthesis resulted in large amount of metallic streak and artifact, a 2 to 3 mm broad posterior disc protrusion at the L3-4, and abandoned leads with the right subcutaneous soft tissue which extends into the spinal canal; a computed tomography of the thoracic spine with formats, performed on 09/10/2014 which revealed leads from a spinal stimulator or pain pump entering the spinal canal at the interspinous face at the level of the T10-11 and extends towards the head possibly through the posterior epidural space terminating at the level of T8. The injured worker's past surgeries included a cervical spine retropharyngeal, fusions, placement of allograft, placement of bone graft spacers and foraminal decompressions performed on 06/10/2014; removal of the right internal pulse generator, radiological interpretation of fluoroscopic imaging and an aborted attempt at removal of a Lamitrode done by [REDACTED] MD. on 04/21/2014. Upon attempted removal of the right internal pulse generator, it was note that the wires had dipped into the epidural steroid well below where the actual Lamitrode was, which

would indicate that a large laminectomy would have to be performed to resect the Lamitrode and would have to be done in a different setting where the injured worker could be kept overnight; a left hip arthroscopic Femoroplasty, acetabuloplasty, labral repair, synovectomy, and right knee arthroscopic shaver chondroplasty were performed on 09/10/2013. On 10/15/2014, the injured worker had complaints of low back, neck, left hip and left knee pain. Additionally he had pain at the Implanted pulse generator, and battery pack (IPG) site of his Spinal Cord Stimulator (SCS) implant with no relief when the SCS is on indicating continuous pain rated 6/10 on the VAS. It was indicated that pain was increased with activity and that nothing has really alleviated the pain. He is requesting an increase of his Norco in the number of pills he is prescribed. The injured worker also indicated that he had constant neck, back and lower extremity pain on a VAS of 5/10 to 7/10. Upon physical assessment, it was noted his cervical range of motion was flexion 30 degrees, extension 30 degrees, left lateral bend 15 degrees, right lateral bend 15 degrees, left rotation 45 degrees, and right rotation 45 degrees. His lumbar range of motion was flexion 20 degrees, extension 5 degrees, left lateral bend 5 degrees, right lateral bend 5 degrees. It was noted that throughout the cervical, thoracic and lumbar paraspinals, he was tender to palpation. His motor strength to the lower extremities was 5-/5 throughout. There is no focal deficits with sensory. His deep tendon reflexes were 2+ and symmetric. His medications included Norco, Fioricet, Lidoderm patches, Colace, Flector patches, cyclobenzaprine, naproxen, Cymbalta, and Gabitril. The treatment plan included medication refills x2 months, MRI of lumbar spine, SCS removal, and IT morphine trial and a followup in 2 weeks post SCS removal. The rationale for the requested services was not provided within the documentation. The request for authorization was signed on 10/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

SCS lead removal: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Hardware removal

Decision rationale: The request for SCS lead removal is not medically necessary. The Official Disability Guidelines do not recommend routine removal of hardware implanted except in the case of a broken hardware or persistent pain after ruling out other causes of pain such as infection and nonunion. As such, the request for the removal of SCS lead removal is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back; (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for an MRI of the lumbar spine is not medically necessary. The American College of Occupational and Environmental Medicine indicate that unequivocal objective findings which identify specific nerve compromise on a neurologic exam would be sufficient evidence to warrant imaging in injured workers who do not respond to treatment. There is evidence to indicate tissue insult or nerve impairment or MRI for neural or other soft tissue can be used. The injured worker's sensory is intact with no focal deficits as deep tendon reflexes are 2+ and symmetric. He has negative for straight leg raises. Additionally, there is no indication of failed conservative care or progressive neurological changes. Additionally, it was noted on the progress note of 10/15/2014 that the request for an MRI was to be done after the removal of the spinal cord stimulator leads. As such, the request for an MRI is not medically necessary.

Norco 10/325mg #210 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use/, On-Going Management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #210 with 2 refills is not medically necessary. The California Medical Treatment Utilization Schedule for ongoing management of opioids, criteria for ongoing review and documentation of pain relief, functional status, appropriate medication use, side effects, aberrant behaviors. As no supportive evidence was submitted for review as to the efficacy of this medication, and numerical values prior to or after use, or duration of use as the injury had occurred some time ago. Additionally, the request as submitted failed to indicate the frequency of use. Therefore, the request for hydrocodone 10/325 mg #210 with 2 refills is not medically necessary.

Lidoderm #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics/ Lidocaine Page(s): 111,112.

Decision rationale: The request for Lidoderm #30 with 2 refills is not medically necessary. The California Medical Treatment Utilization Schedule indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Lidoderm is recommended for localized peripheral pain after there has been evidence of a trial and first line therapy. Topical lidocaine in the formation of a dermal patch has been designated

for orphan status by the FDA for neuropathic pain. The injured worker had indicated pain to multiple areas; however, no supportive evidence was submitted for review as to the efficacy of this medication and numerical values prior to or after application, or duration of use as this injury has occurred some time ago. Additionally, the request as submitted has failed to indicate the frequency of use. Therefore, the request for Lidoderm #30 with 2 refills is not medically necessary.

Colace #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid-induced constipation treatment

Decision rationale: The request for Colace #60 with 2 refills is not medically necessary. The California Medical Treatment Utilization Schedule recommends prophylactic treatment of constipation should be initiated. Additionally, the Official Disability Guidelines recommend the prophylactic treatment of constipation should be initiated for criteria when prescribing an opioid and especially if it would be needed for more than a few days and open discussion should be had with the injured worker so that he recognizes indications of constipation, and identifying the first steps to take with increased activity, maintaining appropriate hydration, and to follow a diet rich in fiber. While the injured worker had been on a course of opioid medications, however, there is no current evaluation of the drug effectiveness nor side effects indicating that the injured worker was suffering from constipation. As such, the request for Colace #60 with 2 refills is not medically necessary.

Flector patch #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 111.

Decision rationale: The request for Flector patch #60 with 2 refills is not medically necessary. The California Medical Treatment Utilization Schedule indicates nonsteroidal anti-inflammatory agents (NSAIDs). The efficacy in clinical trials has been inconsistent and most studies are small and short of duration, as topical NSAIDs have been shown to be superior to placebo during the first 2 weeks of treatment for osteoarthritis and the effects diminish over the next 2 week period. They are for short term use only and little evidence for the treatment of osteoarthritis of the spine, hip or shoulder as the medical records lack documentation of the efficacy of the medication, the timeframe of efficacy, the functional improvement that the medication provides, and the pain rating pre and post medication. Additionally, the request as submitted failed to

indicate the frequency of use is not supported. As such, the request for Flector patch #60 with 2 refills is not medically necessary.

Cyclobenzaprine 10mg #90 with 2 refills: 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 Muscle Relaxants (for pain)/Antispasmodics Page(s): 63,64.

Decision rationale: The request for Cyclobenzaprine 10 mg #90 with 2 refills is not medically necessary. The California MTUS Guidelines for current pain medical treatment recommend muscle relaxants as a non-sedating with caution and as a second line option for short term treatment for acute exacerbations in injured workers with chronic low back pain. Also, there are no additional benefits shown when used in combination with NSAIDs, as the efficacy appears to diminish over time and with prolonged use from this class of medication may lead to dependent. Cyclobenzaprine is associated with the number needed to treat of 3 at 2 weeks for symptoms improvement. While the injured worker did have signs of pain during his evaluation, no indications of muscle spasm were noted. Additionally, no supportive evidence was submitted for review as to the efficacy of this medication and numerical values prior to or after use with duration of use as the injury has occurred some time ago. Additionally, the request as submitted failed to indicate the frequency of use. Therefore, the request for cyclobenzaprine 10 mg #90 with 2 refills is not medically necessary.

Naproxen 500mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen/ NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 66-68.

Decision rationale: The request for naproxen 500 mg #60 with 2 refills is not medically necessary. The California Medical Treatment Utilization Schedule states naproxen is a nonsteroidal anti-inflammatory drug for the relief of signs and symptoms of osteoarthritis. It is recommended at the lowest dose for the shortest period of injured workers with moderate to severe pain. Long term use of NSAIDs has been linked with increased risk for cardiovascular, gastrointestinal, liver, and kidney events. No supportive evidence was submitted for review as to the efficacy of this medication in numerical values prior to or after use, or the duration as the injury has occurred some time ago. Additionally, the request as submitted failed to indicate a frequency of use. Therefore, the request for naproxen 500 mg #60 with 2 refills is not medically necessary.

Cymbalta 30mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta)/ Medications For Chronic Pain Page(s): 43,60.

Decision rationale: The request for Cymbalta 30 mg #60 with 2 refills is not medically necessary. The California MTUS Guidelines recommend Cymbalta as an option in first line treatment option in neuropathic pain. It is unclear if the injured worker is on Cymbalta due to increased pain or depression; however, evidence was submitted for review as to the efficacy of the medication in numerical values as to use pre or post medication, with the duration of use as the injury has occurred some time ago. Additionally, the request as submitted failed to indicate a frequency of use. Therefore, the request for Cymbalta 30 mg #60 with 2 refills is not medically necessary.

Gabapril 4mg #90 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-18.

Decision rationale: The request for Gabapril 4 mg #90 with 2 refills is not medically necessary. The California Medical Treatment Utilization Schedule recommends Gabapril (Tiagabine) for neuropathic pain due to nerve damage. The injured worker has been taking Gabapril 4 mg since 02/27/2013; it is unclear the indication as to why he is taking an antiepileptic drug. Current clinical documentation shows no supportive evidence as to the efficacy of this medication in numerical values or adverse effects. As such, the ongoing use of this drug requires a re-evaluation. Additionally, the request as submitted has failed to indicate a frequency of use. Therefore, the request for Gabapril 4 mg #90 with 2 refills is not medically necessary.

Fioricet #120 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesic Agents (BCAs), Page(s): 23.

Decision rationale: The request for Fioricet #120 with 2 refills is not medically necessary. The California Medical Treatment Utilization Schedule does not recommend barbiturate-containing analgesic agents, such as Fioricet, for chronic pain as the potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy. This injured worker has been taking Fioricet since 04/29/2013, there is no documentation supporting

medication has improved the injured worker's condition. Additionally, the request as submitted failed to indicate a frequency of use. Therefore, the request for Fioricet #120 with 2 refills is not medically necessary.