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| Case Number: | CM14-0195485 | | |
| Date Assigned: | 12/03/2014 | Date of Injury: | 01/10/2007 |
| Decision Date: | 01/15/2015 | UR Denial Date: | 10/21/2014 |
| Priority: | Standard | Application Received: | 11/21/2014 |

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 Anesthesiology and is licensed to practice in Tennessee, North Carolina and Georgia. 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 42-year-old who reported an injury on 01/10/2007. The mechanism of injury was reportedly when the injured worker was rammed by a machine. His diagnoses included lumbar degenerative disc disease with spondylolisthesis and bilateral lower extremity radiculopathy right greater than left. The injured worker's past treatments included medications, surgery, injections, and a failed spinal cord stimulator trial. His most recent diagnostic studies included a lumbar spine computed tomography scan in 01/2014, lumbar magnetic resonance imaging (MRI) performed in 01/2014, and electromyography (EMG) studies of the lower extremities and upper extremities performed on 03/11/2014. His surgical history included posterior lumbar interbody fusion L3-S1 performed on 12/05/2008, revision with hardware removal in 02/2010, posterior lumbar interbody fusion at the L3-S1 on 07/29/2011, removal of anterior interbody cages with repair of pseudoarthrosis and interbody fusion at the L4-S1 on 09/13/2011, and removal of hardware with extension of the fusion to the L2-3 on 06/18/2013. Documentation dated 12/02/2014 indicated the patient was seen on an urgent basis following an acute flare up of his lower back pain along with debilitating radicular symptoms in his lower extremities on 12/01/2014. Physical examination of the posterior lumbar musculature revealed tenderness to palpation bilaterally with increased muscle rigidity. Numerous trigger points were noted that were palpable and tender throughout the lumbar paraspinal muscles. It was also noted the injured worker had decreased range of motion with obvious muscle guarding. Decreased sensation along the posterior lateral thigh and posterior lateral calf, approximately at the L5-S1 distribution was also noted with a positive straight leg raise bilaterally. His current medications included Oxycontin 40 mg 1 tablet 2 to 3 times a day as needed, Norco 10/325 mg 8 tablets daily, Anaprox DX 550 mg 1 tablet twice a day, and medicinal marijuana. The treatment plan included continuation of medication, trigger point injections administered in office, and a

recommendation for aqua therapy 2 times a week. The request was for Norco 10/325 mg #240 and a lumbar spine trial of intrathecal narcotic specifically for the lumbar spine to treat post-laminectomy syndrome. The Request for Authorization form was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-93.

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

Decision rationale: The request for Norco 10/325mg #240 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use, and side effects. This review should include current pain, intensity of pain before and after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. A satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. The clinical documentation submitted did not provide sufficient clinical evidence to support guideline recommendation. While documentation dated 12/02/2014 indicated the injured worker reported 30% to 40% pain relief with the Norco and increased function throughout the day, the documentation did not provide sufficient evidence of objective functional improvement or pain relief with and without medications. Additionally, the request as submitted failed to indicate a frequency of use for in order to determine medical necessity for the medication. Due to the lack of clinical documentation submitted to support the evidence based, peer reviewed guidelines, the request for Norco 10/325mg #240 is not medically necessary.

Lumbar Spine Trial of Intrathecal Narcotic: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 53.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs) Page(s): 52.

Decision rationale: The request for lumbar spine trial of intrathecal narcotic is not medically necessary. The California MTUS Guidelines recommend implantable drug delivery systems only as an end space treatment alternative for selected patients for specific conditions, after failure of at least 6 months of less invasive methods, and following a successful temporary trial. Guidelines indicate that treatment should only be used relatively late in the treatment continuum when there is little hope for effective management of chronic intractable pain from other therapies. For most patients, it should be used as part of a program to facilitate restoration of function and return to activity, and not just for pain reduction. The specific criteria for use for

the treatment of nonmalignant noncancerous pain with a duration of greater than 6 months include all the following must be met: intractable pain secondary to a disease state with objective documentation of pathology, further surgical intervention is not indicated, psychological evaluation unequivocally states that the pain is not psychological in origin, and a temporary trial has been successful prior to permanent implantation. The documentation dated 12/02/2014 indicated an orthopedic AME did not recommend further surgical intervention for the injured worker, however, the documentation failed to provide objective documentation of pathology. It was also indicated that psychological clearance was provided on 05/29/2014; however, the actual psychological report documenting that pain is not psychological in origin was not submitted for review. Due to the lack of clinical documentation submitted to support the evidence based, peer reviewed guideline, the request for lumbar spine trial of intrathecal narcotic is not medically necessary.