

<b>Case Number:</b>	CM14-0208707		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	04/01/2004
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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: Physical Medicine & Rehabn

### 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 patient is a 54 year old male with an injury date of 04/01/04. Based on the 10/22/14 progress report, the patient complains of low back pain that radiates down to both legs. The pain level is at 9/10 without medications and at 3/10 with medications. Current medications are Norco, and Lidoderm patch with 50% pain relief. The patient has severe pain with lumbar extension, moderate pain with lumbar flexion, and positive straight leg raising bilaterally. There is decreased sensation right and left L4 distribution. The patient has unsteady gait and walks with crutches. The list of diagnoses is:1. Lumbar sprain/strain2. Lumbar DDD3. Lumbar disc displacementThe treating physician is requesting 32 contact [REDACTED] spinal cord stimulator trial, Norco 10/325mg, #180, and Keflex 500mg #40 on 11/08/14. The utilization review determination being challenged is dated 11/17/14. The requesting provider provides treatment reports from 12/09/13-11/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**32 contact [REDACTED] spinal cord stimulator trial:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulation Page(s): 105 to 107.

**Decision rationale:** This patient presents with low back pain that radiates down to both legs. The request is for 32 contact [REDACTED] spinal cord stimulator trial. Under spinal cord stimulation, the MTUS Guidelines page 105 to 107 states, "Recommended only for selected patients in cases when less invasive procedures have failed or contradicted for specific conditions and following a successful temporary trial." Per progress report dated 10/22/14, the treater states that the request is for treatment of chronic pain syndrome due to post-laminectomy pain syndrome to improve patients function. The same report documented that "patient has tried rest, NSAIDS, physical therapy, ESI's and patient is s/p L4-L5 lumbar laminectomy and fusion and patient continues to have suboptimal pain relief. Patient has tried several pain medications including Norco, Percocet, Lorcet, Vicodin, and Tramadol with suboptimal pain relief." However, according to 10/22/14 report, the patient reports 50% pain relief with current medication regimen, Norco and Lidoderm patch. The report documented that the pain level decreased from 9/10 to 3/10 with medications. In addition, the patient is "able to move around efficiently, walk for a longer distance than before and stand for a little longer time." Therefore, it doesn't appear to be all less invasive procedures have failed and the patient shows improvement with current medication regimen. The request IS NOT medically necessary.

**Norco 10/325mg, #180:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids; medication for chronic pain Page(s): 88 and 89, 76-78; 60-61.

**Decision rationale:** This patient presents with low back pain that radiates down to both legs. The request is for Norco 10/325mg #180. The request was certified by utilization review letter dated 11/17/14 with modification to Norco 10/325mg #135. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. According to 10/22/14 report, the pain decreased from 9/10 to 3/10 with Norco use. In addition, the patient reports that the medication "has been helping with making the pain tolerable to be able to move around efficiently, walk for a longer distance than before and stand for a little longer time." In the same report, the patient denies any side effects from the medication. The treater provided urine drug screen report dated 06/19/14. In this case, adequate documentations have been provided including numeric scales and functional measures that show significant improvement. The request IS medically necessary.

**Keflex 500mg, #40:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Card R, Sawyer M, Degnan B, Harder K, Kemper J, Marshall M, Matteson M, Roemer R, Schuller-Belous G, Swanson C, Stultz J, Sypura W, Terrel C, Varela N. Perioperative protocol. Health care protocol. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2014 Mar. 124 p

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation WebMD.com

**Decision rationale:** This patient presents with low back pain that radiates down to both legs. The request is for Keflex 500mg #40 for ten days post SCS Trial if authorized. MTUS and ODG guidelines do not discuss Keflex. WebMD.com states "this medication is used to treat a wide variety of bacterial infections." In this case, the request is concurrent with spinal cord stimulator trial request which is not medically necessary at this time. Therefore, the request for Keflex for post SCS trial use IS NOT medically necessary.