

Case Number:	CM15-0132664		
Date Assigned:	07/20/2015	Date of Injury:	12/17/2004
Decision Date:	08/20/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/09/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 62 year old female who sustained an industrial injury on 12/17/2004. She reported neck pain secondary to overuse. The injured worker was diagnosed as having: 1. Lumbago; 2. Thoracic/lumbosacral neuritis/radiculitis; 3. Cervicalgia; 4. Postlaminectomy syndrome lumbar region; 5. Post laminectomy syndrome cervical region; 6. Degeneration of lumbar/lumbosacral intervertebral disc; 7. Degeneration of cervical intervertebral disc. Treatment to date has included surgery, physical therapy, medications, epidural steroid injections and pain management. Currently, the injured worker complains of low back and neck pain. She continues to work with restrictions and pain. She reports obtaining greater than 50% pain relief and functional improvement with decreased medication requirements lasting greater than 3 weeks from a cervical epidural steroid injection 11/19/2014. Since her last visit in April 2015, the worker states her pain has increased. Her average pain without medications is 10 on a scale of 1-10. With medications the pain is rated a 5 on a scale of 1-10. Her pain at the 06/26/2015 visit is a 10 on a scale of 1-10. Her current medications are Dilaudid, Norco, Neurontin, and Soma. She is noted to be compliant and the medications are said to keep the worker functional giving her increased mobility and tolerance of activities of daily living and home exercises. On examination, she has tenderness on palpation of the cervical spine. Range of motion is diminished in all planes. The lumbar-sacral exam found tenderness on palpation at the L5-S1 area with diminished range of motion. Deep tendon reflexes are diminished but equal. The Left C5-C6 dermatomes are decreased to sharp sensation as are the Left L5 and right L5. Light touch shows no indication of sensory loss. The treatment plan

includes medication refills, continuation of a home exercise program, the worker was given information on self-management and invited to participate in a pain management support group. A request for authorization was made for the following: 1. Norco 10/325mg, #75; 2. Percocet 10/325mg #30; 3. Cervical MRI without contrast; 4. Urine toxicology; 5. Intra Thecal Pump trial; 6. Neurosurgical Consult to see if patient is candidate for further surgery based on MRI results.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #75: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with acute cervical pain and explosive headaches. The current request is for Norco 10/325mg, #75. The treating physician requests on 6/26/15 (18B) "Norco 10-325 mg tabs one p.o. Q8-12 hours prn pain #75". 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 aberrant 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. In this case, the treating physician clearly documents the patient's analgesia and ADLs, as well as his lack of adverse side effects and aberrant behaviors along with evidence of ongoing monitoring while on her current medication regimen. The current request is medically necessary.

Percocet 10/325mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with acute cervical pain and explosive headaches that have been non-responsive to Dilaudid as well as her Norco. The current request is for Percocet 10/325mg #30. The treating physician requests on 6/26/15 (18B) "Percocet 10-325 mg oral tabs 1 PO BID prn for severe breakthrough pain #30". 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 aberrant

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. In this case, the treating physician clearly documents the patient's analgesia and ADLs, as well as his lack of adverse side effects and aberrant behaviors along with evidence of ongoing monitoring while on her current medication regimen. The current request is medically necessary.

IntraThecal Pump trial: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Intra thecal Pumps.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs) Page(s): 52-54.

Decision rationale: The patient presents with acute cervical pain and explosive headaches. The current request is for Intra Thecal pump trial. The treating physician states on 6/26/15 (18B) "One of the options is an IT pump, but before proceeding with that, I would like to do an IT pump trial to see if she is a super responder and then reassess. No pre-op is needed for the trial". MTUS states the following for Implantable drug-delivery systems when it is used for the treatment of non-malignant pain with a duration of greater than six months and all of the following criteria are met: 1. Documentation, in the medical record, of the failure of 6 months of other conservative treatment modalities (pharmacologic, surgical, psychological or physical), if appropriate and not contraindicated. 2. Intractable pain secondary to a disease state with objective documentation of pathology in the medical record. 3. Further surgical interventions or other treatment is not indicated or likely to be effective. 4. Psychological evaluation has been obtained and evaluation states that the pain is not primarily psychological in origin and that benefit would occur with implantation despite any psychiatric comorbidity. 5. No contraindications to implantation exist such as sepsis or coagulopathy. 6. A temporary trial of spinal (epidural or intrathecal) opiates has been successful prior to permanent implantation as defined by at least a 50% to 70% reduction in pain and documentation in the medical record of functional improvement and associated reduction in oral pain medication use. A temporary trial of intrathecal (intraspinous) infusion pumps is considered medically necessary only when criteria 1-5 above are met. In this case, the treating physician has requested a psychological evaluation but it has not yet been obtained. Additionally, the treating physician has requested a neurosurgical consultation; therefore, surgical interventions have not yet been ruled out. Finally, the medical records provided do not document the failure of six months of conservative treatments. The current request is not medically necessary.