

Case Number:	CM15-0162056		
Date Assigned:	09/24/2015	Date of Injury:	07/12/2008
Decision Date:	10/29/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/18/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 52-year-old male with an industrial injury dated 7-12-2008. A review of the medical records indicates that the injured worker is undergoing treatment for post laminectomy syndrome, of lumbar and thoracic or lumbar radiculopathy. According to the progress note dated 7-13-2015, the injured worker reported pain in the bilateral neck, upper, mid and lower back, and upper and lower extremities. Pain level was 6 out of 10 on a visual analog scale (VAS). Worst pain level is 8 out of 10. The current pain has been present for 6 years. The injured worker pain causes loss of sleep. The injured worker reported inability to stand or sit longer than 20 minutes without pain being present. The pain is relieved by medications and aggravated by bowel movements, coughing, sneezing, and walking. Objective findings (7-13- 2015) revealed severe distress, anxiety, depression, fatigue, frustration, slow gait, restricted range of motion in the lumbar spine with pain, hypertonicity, spasm , tenderness, positive bilateral straight leg raises, and positive bilateral FABER test. Pain sensation over the bilateral lower lumbar spine and bilateral lower extremities were also noted on exam. Treatment has included hospital bed rest with no relief, surgery with no relief, physical therapy with moderate relief, and transcutaneous electrical nerve stimulation (TENS) unit with moderate relief. He has also had magnetic resonance imaging (MRI) of back in 2008 and neck (2009), computed tomography scan (2010), electromyography (EMG) & nerve conduction studies (NCS) in 2011 and x-rays in 2012, prescribed medications, and periodic follow up visits. The injured worker is also status post a bilateral L4-L5 transforaminal epidural steroid injection (ESI) on 4-17-2015 with greater than 70% pain relief in his lower extremity. Documentation

(7-13-2015) noted that the injured worker will be undergoing lumbar spine surgery but would like to discuss possible spinal cord stimulation given that he has already undergone L4-5 spine surgery in November of 2013. The treating physician reported the magnetic resonance imaging (MRI) of lumbar spine revealed severe neuroforaminal stenosis at L4-5 level. The treating physician prescribed services for spinal cord stimulator trial, one prescription of Tramadol 100mg, and one prescription of Cyclobenzaprine 7.5mg, now under review. Medical records indicate that the injured worker has been on Tramadol since at least January of 2015 and Cyclobenzaprine since at least June of 2015. The utilization review dated 8-5-2015, non-certified the request for spinal cord stimulator trial, one prescription of Tramadol 100mg, and one prescription of Cyclobenzaprine 7.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators), Spinal cord stimulators (SCS).

Decision rationale: Per the cited CA MTUS guidelines, spinal cord stimulators (SCS) are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions, and following a successful trial. Spinal cord stimulators are indicated in failed back syndrome, but have better efficacy for lower extremity than low back pain; however, both stand to benefit with a 40-60% success rate 5 years after surgery. Furthermore, the guidelines state it works best for neuropathic pain. In the case of this injured worker, recent treating provider notes indicate that he would most likely benefit from a trial a SCS; however, he has not undergone a psychological evaluation to date. Utilization Review recommended a psychological evaluation, in their non-certification letter of 8-5-2015, prior to a SCS trial. Therefore, the request for spinal cord stimulator trial is not medically necessary and appropriate.

1 prescription of Tramadol 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

Decision rationale: The cited MTUS guidelines recommend short acting opioids, such as Tramadol, for the control of chronic pain, and may be used for osteoarthritis pain that has not responded to first-line medications, such as NSAIDs or acetaminophen. Studies have shown that Tramadol specifically decreased pain and symptoms for up to three months, but there is no recommendation for treatment beyond three months with osteoarthritic symptoms. In the case of nociceptive pain, opioids are the standard of care for moderate to severe pain. Tramadol is not recommended as first-line therapy for neuropathic pain, but may be considered as a second-line treatment. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's records included pain with and without medications on the visual analog scale and subjective functional improvement; however, they have not included documentation of no significant adverse effects, pain contract on file, urine drug testing, and objective functional improvement. Of primary importance is an appropriate time frame for follow-up to reassess the 4 A's, which has been conducted. However, Utilization Review on 10-28-13 advised the weaning of Tramadol as indicated by the treatment guidelines due to poor efficacy and has recently non-certified the request for Ultracet. Although Tramadol may be a reasonable treatment option for this injured worker, the treating provider's notes do not provide the necessary documentation demonstrating adequate functional improvement. Therefore, the request for Tramadol 100mg is not medically necessary and appropriate.

1 prescription of Cyclobenzaprine 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Per the cited CA MTUS guideline, Cyclobenzaprine is recommended only for a short course of treatment and is not recommended for chronic use. In general, the medication is not recommended for use beyond two to three weeks per treatment period, and may be most beneficial only in the first four days. Recent treating physician notes state the injured worker has had minimal improvement in pain with Cyclobenzaprine. In addition, the injured worker has been prescribed Cyclobenzaprine for longer than guideline recommendations. Therefore, the request for Cyclobenzaprine 7.5mg is not medically necessary per the MTUS guidelines.