

<b>Case Number:</b>	CM15-0163198		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	04/13/2012
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: Pennsylvania

Certification(s)/Specialty: 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 38 year old male, who sustained an industrial injury on 4-13-2012. The mechanism of injury is not described. The current diagnoses are lumbago, status post L5-S1 fusion (12-18-2014). According to the progress report dated 7-22-2015, the injured worker complains of back and left leg pain. Since his last visit he has completed physical therapy. Unfortunately, he is still symptomatic. The pain is rated 4-7 out of 10 on a subjective pain scale. The physical examination of the lumbar spine reveals a well-healed surgical incision. There is no tenderness to palpation. The current medications are Flexeril, Norco, Percocet, and Gralise. Per notes, he is unable to tolerate Percocet secondary to side effects. There is documentation of ongoing treatment with Norco since at least 4-29-2015. Treatment to date has included medication management, physical therapy, MRI studies, epidural steroid injections, computed tomography scan, and surgical intervention. Work status is described as temporarily totally disabled. A request for Norco and psychological pain clearance for spinal cord stimulator has been submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain psychological clearance for SCS: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Spinal cord stimulators (SCS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Spinal cord stimulator.

**Decision rationale:** According to the record, this worker has failed back syndrome. He has undergone a lumbar laminectomy and revision laminectomy and fusion. He has tried and failed interventional treatment in the form of lumbar epidural steroid injection without benefit. According to the ODG spinal cord, stimulators can be considered as a treatment option in patients with failed back syndrome when other treatments have failed or are contraindicated. One of the criteria to be met prior to placement of a spinal cord stimulator is psychological clearance. As part of the continued evaluation for consideration of a spinal cord stimulator, a psychological evaluation is appropriate.

**Norco 5/325mg one tab po q4-6h, unspecified quantity:** 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, criteria for use.

**Decision rationale:** According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case the worker had not returned to work and there was no documentation of any improvement in function. The record does state, "The patient states overall his pain worsens with activity such as standing, walking, or any bending or squatting. He states his pain is improved with rest and medication." This however does not indicate any improvement in function. Furthermore there is no documentation of quantifiable response specifically to Norco. Therefore, the requested treatment is not medically necessary.