

Case Number:	CM15-0163347		
Date Assigned:	08/31/2015	Date of Injury:	11/28/2006
Decision Date:	10/08/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/20/2015

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

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 was a 51 year old female, who sustained an industrial injury, November 28, 2006. The injured worker previously received the following treatments Nucynta, Xanax, Soma, Lyrica, Flexeril, Dulcolax, Ditropan, Valium, Ketamine cream, acupuncture, right hip MRI, tried Gabapentin, Celebrex, Cymbalta, Ambien, lumbar spine MRI, left knee MRI, left knee x-rays, lumbar spine CT scan and random toxicology laboratory studies which was negative for any unexpected findings on June 6, 2015. The injured worker was diagnosed with status post L4-L5 and L5-S1 artificial disc replacement, lumbar disc disease, lumbar facet syndrome, post annular tear at L4, low back pain, right knee pain, right hip pain and multiple neuromas of the bilateral feet. According to progress note of July 9, 2015, the injured worker's chief complaint was lumbar spine pain. The injured worker rated the pain at 7.5 out of 10. The lower back pain had increased since the last visit. The pain was described as sharp, aching, and throbbing radiating to the bilateral lower extremities, right greater than the left with numbness and tingling sensation. The injured worker reported the medications were not helping with the pain very much. The physical exam noted the injured worker had a left antalgic gait. The heel to toe walk exacerbated the antalgic gait on the left. There was diffuse tenderness with palpation over the lumbar paraspinous muscles. There was spasms and guarding. There was moderate to severe tenderness along the L3 through S1 levels. There was decreased range of motion with lateral bending of 15 degrees on the right and 20 degrees on the left, Flexion of 55 degrees and extension of 10 degrees. The treatment plan included a prescription for Ditropan, psychiatric clearance, spinal cord stimulator trial and a urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ditropan 5mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Clinical Guideline Centre.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov/medlineplus/druginformation/meds/a682141.html.

Decision rationale: The patient presents with low back pain, rated 7.5/10, that radiates into the bilateral lower extremities, right greater than left. The request is for DITROPAN 5MG #90. Patient is status post lumbar spine surgery, date unspecified. Physical examination to the lumbar spine on 07/09/15 revealed diffuse tenderness to palpation over the paraspinal muscles, with spasm and guarding. Range of motion was decreased in all planes. Patient's gait was antalgic on the left. Per 04/09/15 progress report, patient's diagnosis include status post L4-L5 and L5-S1 artificial disc replacement, lumbar disc disease, lumbar facet syndrome, post annular tear at the L4, and multiple neuromas of the bilateral feet. Patient's medications, per 03/12/15 progress report include Nucynta, Xanax, Soma, Lyrica, and Ketamine Cream. Patient is permanent and stationary. www.nlm.nih.gov/medlineplus/druginformation/meds/a682141.html the National Library of Medicine states that this medication is to treat overactive bladder. In this case, the progress reports do not describe a diagnosis of overactive bladder, neurogenic bladder, or brain injury. In fact, the progress report dated 07/09/15 states that the patient has no history of urinary tract infection, frequent urination, nocturia, hematuria, or incontinence. The treater does not explain why this medication is prescribed. The request IS NOT medically necessary.

Psychiatric clearance: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic); Psychological evaluations, IDDAS & SCS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127.

Decision rationale: The patient presents with low back pain, rated 7.5/10, that radiates into the bilateral lower extremities, right greater than left. The request is for psychiatric clearance. Patient is status post lumbar spine surgery, date unspecified. Physical examination to the lumbar spine on 07/09/15 revealed diffuse tenderness to palpation over the paraspinal muscles, with spasm and guarding. Range of motion was decreased in all planes. Patient's gait was antalgic on the left. Per 04/09/15 progress report, patient's diagnosis include status post L4-L5 and L5-S1 artificial disc replacement, lumbar disc disease, lumbar facet syndrome, post annular tear at the L4, and

multiple neuromas of the bilateral feet. Patient's medications, per 03/12/15 progress report include Nucynta, Xanax, Soma, Lyrica, and Ketamine Cream. Patient is permanent and stationary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In an appeal letter dated 08/13/15, the treater states, "As the primary treating physician, I would like my patient to have a consultation with a psychiatrist due to her persistent pain complaints that might lead to stress, anxiety, and depression." The ACOEM Guidelines support the referral of patients to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. This request appears to be reasonable and in accordance with the guidelines. Therefore, the request IS medically necessary.

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): Implantable drug-delivery systems (IDDSs), Spinal cord stimulators (SCS).

Decision rationale: The patient presents with low back pain, rated 7.5/10, that radiates into the bilateral lower extremities, right greater than left. The request is for SPINAL CORD STIMULATOR TRIAL. Patient is status post lumbar spine surgery, date unspecified. Physical examination to the lumbar spine on 07/09/15 revealed diffuse tenderness to palpation over the paraspinal muscles, with spasm and guarding. Range of motion was decreased in all planes. Patient's gait was antalgic on the left. Per 04/09/15 progress report, patient's diagnosis include status post L4-L5 and L5-S1 artificial disc replacement, lumbar disc disease, lumbar facet syndrome, post annular tear at the L4, and multiple neuromas of the bilateral feet. Patient's medications, per 03/12/15 progress report include Nucynta, Xanax, Soma, Lyrica, and Ketamine Cream. Patient is permanent and stationary. The MTUS Guidelines, page 101, under Indications For Stimulator Implants has the following: Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), more helpful for lower extremity than low back pain, although both stand to benefit, 40-60% success rate 5 years after surgery. It works best for neuropathic pain. Neurostimulation is generally considered to be ineffective in treating nociceptive pain. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar. Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), 70-90% success rate, at 14 to 41 months after surgery. (Note: This is a controversial diagnosis). Post amputation pain (phantom limb pain), 68% success rate- Post herpetic neuralgia, 90% success rate. Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury). Pain associated with multiple sclerosis. Peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation), 80% success at avoiding the need for amputation when the

initial implant trial was successful. The data is also very strong for angina. The MTUS Guidelines, pages 105 to 107, Spinal Cord Stimulators (SCS) section has the following: "Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions, and following a successful temporary trial." The MTUS Guidelines, page 101, Psychological Evaluations, IDDS and SCS (Intrathecal Drug Delivery Systems and Spinal Cord Stimulators) section states the following: Recommended pre- intrathecal drug delivery systems (IDDS) and spinal cord stimulator (SCS) trial. In progress report dated 07/09/15, treater states, "I am requesting authorization for a lumbar spinal cord stimulator trial. The patient has had prior surgical intervention and has significant scar tissue causing radicular symptoms in both lower extremities. She has failed all the conservative treatment and medications." Given the patient's continued pain and radicular symptoms resulting from a prior lumbar spine surgery, the request would be indicated. However, MTUS page 101 recommends psychological evaluation prior to a spinal cord stimulation trial which has not been provided in the patient's medical records. This request is not in accordance with guideline recommendations and therefore, IS NOT medically necessary.

Urine toxicology screening: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under Urine Drug Testing.

Decision rationale: The patient presents with low back pain, rated 7.5/10, that radiates into the bilateral lower extremities, right greater than left. The request is for URINE TOXICOLOGY SCREENING. Patient is status post lumbar spine surgery, date unspecified. Physical examination to the lumbar spine on 07/09/15 revealed diffuse tenderness to palpation over the paraspinal muscles, with spasm and guarding. Range of motion was decreased in all planes. Patient's gait was antalgic on the left. Per 04/09/15 progress report, patient's diagnosis include status post L4-L5 and L5-S1 artificial disc replacement, lumbar disc disease, lumbar facet syndrome, post annular tear at the L4, and multiple neuromas of the bilateral feet. Patient's medications, per 03/12/15 progress report include Nucynta, Xanax, Soma, Lyrica, and Ketamine Cream. Patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines, for Testing, pg 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing states: Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Treater has not specifically discussed this request; no RFA was provided either. Review of the medical records provided indicate that the patient has been utilizing opioids (Percocet, Nucynta) since at least 06/01/13. There are no records of a prior UDS. ODG states that an annual screening is sufficient for "chronic opiate use in low risk patient." The request appears to be reasonable and is within the guideline recommendations and therefore, IS medically necessary.