MAXIMUS Federal Services

Case Number:	CM15-0182536		
Date Assigned:	09/23/2015	Date of Injury:	10/19/1988
Decision Date:	10/28/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/16/2015

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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 69-year-old female, who sustained an industrial injury on 8-19-1988. The injured worker was being treated for myalgia, lumbar radiculopathy, lumbar degenerative disc disease, chronic pain syndrome, and bilateral shoulders pain. On 9-1-2015, the injured worker reported worsening bilateral shoulder pain, which is increased, and low back pain radiating to the bilateral lower extremities. Associated symptoms include left leg weakness and left leg giving out when walking down stairs, resulting in a fall. The injured worker reported continued benefit from a lumbar epidural steroid injection on 4-7-2015. The injured worker was recently seen for psych clearance for a spinal cord stimulator trial. Current medications include Percocet (since at least 6-2015), Norco, Pennsaid, Celebrex, Soma, Lyrica, Flector patch, and Oxycontin, which the injured worker finds helpful. She reports her medications help her to walk around the house, spend time outside, and complete her activities of daily living with frequent breaks. She rated her pain 4-5 out of 10 with pain medication. Prolonged sitting, standing, walking, bending, and lifting, increases her pain. The physical exam (9-1-2015) revealed 2+ patellar and 1+ Achilles deep tendon reflexes, negative Patrick's sign and Gaenslen's maneuver, intact sensation, tenderness over the L4-5 (lumbar 4-5) and L5-S1 (lumbar 5-sacral 1) paraspinals, pain with lumbar flexion and extension, and straight leg raise elicits low back pain bilaterally. On 7-1-14 an MRI of the lumbar spine revealed posterior subluxation of L2 (lumbar 2) on L3 (lumbar 3) and anterior subluxation of L4 on L5. At L1-2 (lumbar 1-2), there was a broad-based disc bulge. At L2-3, there was a broad-based disc bulge with mild degenerative facet disease, which produces minimal central canal narrowing and left neural foraminal narrowing. At L3-4, there was a broad-based disc bulge with moderate-to-advance

degenerative facet disease with ligamentum flavum hypertrophy, which produces moderate central canal narrowing and mild to moderate right neural foraminal narrowing. There has been mild progression when compared to 3-3-10. At L4-5, there was a broad-based disc bulge with advanced degenerative facet disease with ligamentum flavum hypertrophy, which produces moderate-to-advanced central canal narrowing and mild bilateral neural foraminal narrowing. There has been mild progression when compared to 3-3-10. At L5-S1, there was advanced degenerative facet disease. On 8-11-2015, an MRI of the right shoulder revealed supraspinatus and infraspinatus tendinopathy with deep articular sided partial thickness tear of the supraspinatus, which may connect to the bursal surface however, there is no tendon retraction. There is articular sided signal abnormality suggestive of a partial thickness tear of the infraspinatus. There is moderate subacromion bursitis with fluid collection and fraying versus undersurface tear of the superior labrum. A recent urine drug screen was not included in the provided medical records. Surgeries to date have included right shoulder arthroscopy with extensive debridement of cuff and labral tears, and decompression on 4-27-2015. Treatment has included physical therapy, chiropractic therapy, massage therapy, a home exercise program, heat, ice, and medications including oral, topical pain, anti-epilepsy, muscle relaxant, and non-steroidal anti-inflammatory. Per the treating physician (9-1-2015 report), the injured worker is retired. The requested treatments included a spinal cord stimulator trial and Percocet 10/325mg #45. On 9-11-2015, the original utilization review non- certified a request for a spinal cord stimulator trial and Percocet 10/325mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial, QTY: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: Key case observations are as follows. The claimant was injured in 1988 and had myalgia, lumbar radiculopathy, lumbar degenerative disc disease, chronic pain syndrome, and bilateral shoulder pain. The injured worker was recently seen for psychological clearance for a spinal cord stimulator trial. Current medications included Percocet since at least 6-2015, Norco, Pennsaid, Celebrex, Soma, Lyrica, Flector patch, and OxyContin. She reports her medications help her to walk around the house, spend time outside, and complete activities of daily living with frequent breaks. Treatment has included physical therapy, chiropractic therapy, massage therapy, a home exercise program, heat, ice, and medications including oral, topical pain, anti-epilepsy, muscle relaxant, and non-steroidal anti-inflammatory. Regarding spinal cord stimulators, the MTUS notes they are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. Although there is limited evidence in favor of Spinal Cord Stimulators (SCS) for Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. In this case, it is not

clear that less invasive procedures have failed or are contraindicated. At present, the request is not medically necessary.

Percocet 10/325mg #45: 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 for chronic pain.

Decision rationale: As shared previously, key case observations are as follows. The claimant was injured in 1988 and had myalgia, lumbar radiculopathy, lumbar degenerative disc disease, chronic pain syndrome, and bilateral shoulder pain. The injured worker was recently seen for psychological clearance for a spinal cord stimulator trial. Current medications included Percocet since at least 6-2015, Norco, Pennsaid, Celebrex, Soma, Lyrica, Flector patch, and OxyContin. She reports her medications help her to walk around the house, spend time outside, and complete activities of daily living with frequent breaks. Treatment has included physical therapy, chiropractic therapy, massage therapy, a home exercise program, heat, ice, and medications including oral, topical pain, anti-epilepsy, muscle relaxant, and non-steroidal anti-inflammatory. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.