

<b>Case Number:</b>	CM15-0191877		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	07/17/2003
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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 is a 53 year old male, who sustained an industrial injury on 7-17-2003. The medical records indicate that the injured worker is undergoing treatment for lumbar disc displacement without myelopathy, spinal stenosis of the lumbar region without neurogenic claudication, status post lumbar surgery (3-21-2013), lumbago, and back disorder (not otherwise specified). According to the progress report dated 9-9-2015, the injured worker presented with complaints of ongoing low back pain with radiation down the left posterior leg to the level of his hamstrings, associated with numbness in his left big and second toe. On a subjective pain scale, he rates his pain 5-6 out of 10 with medications and 8-9 out of 10 without. In addition, he notes occasional spasms with position changes. The physical examination of the lumbar spine reveals restricted range of motion. Paravertebral muscles are normal. No spinal process tenderness is noted. Straight leg raising test is positive on the left. The current medications are Lorzone, Gabapentin, Promolaxin, and Norco (since at least 2014). Previous diagnostic studies include MRI of the lumbar spine. Treatments to date include medication management, heat, ice, physical therapy, home exercise program, psychotherapy, epidural steroid injection, and surgical intervention. Work status is described as permanent and stationary. The original utilization review (9-15-2015) had non-certified a request for Norco #90 and spinal cord stimulator trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Spinal Cord Stimulator Trial: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Spinal cord stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS).

**Decision rationale:** The patient presents with ongoing low back pain with radiation down the left posterior leg to the level of the hamstrings, associated with numbness in the left big and second toe. The current request is for spinal cord stimulator trial. The treating physician states, in a report dated 09/09/15, "In regards to the SCS trial, he is a candidate given his post laminectomy pain. He notes that even though medications do help improve his pain and it is tolerable he has ongoing pain and he would like to consider SCS trial. He has watched the DVD and would like to have the trial." (59B) The MTUS guidelines state, "Recommended only for selected patients in cases when less invasive procedures have failed or contradicted for specific conditions and following a successful temporary trial." Indications for stimulator implantation are failed back syndrome, CRPS, post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesia, pain associated with multiple sclerosis and peripheral vascular disease. MTUS also requires psychological evaluation prior to spinal cord stimulator trial. In this case, the treating physician, based on the records available for review, states "[REDACTED] do (sic) not believe that the patients current level of emotional stress rises to a level of significance that would prevent him from proceeding with a SCS trial, if deemed medically appropriate. He states that from a psychological standpoint, the patient is cleared to proceed with a SCS trial." (60B) The guidelines having been satisfied, the current request is medically necessary.

### **Norco 10/325mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The patient presents with ongoing low back pain with radiation down the left posterior leg to the level of the hamstrings, associated with numbness in the left big and second toe. The current request is for Norco 10/325mg #90. The treating physician states, in a report dated 09/09/15, "Norco 10/325 1 tab po Q 6 hours prn pain nte 6/day #180" (60B) The MTUS guidelines state, "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should

be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). In this case, the treating physician, based on the records available for review, states "Chronic stable narcotic use: The patient demonstrates increased activity and functionality on opiate therapy. There have been no issues of misuse or diversion of the medication. The side effects are minimal and controllable. Continuing opiate therapy seems advisable and meets California State Law requirements." (59B) However, the patient's last urine drug screen was not available for review and there is no evidence provided that shows the physician has a signed pain agreement or cures report on file. In this case, all four of the required As are not addressed and functional improvement has not been documented. The MTUS guidelines require much more documentation to recommend the continued usage of Norco. The current request is not medically necessary.