

<b>Case Number:</b>	CM15-0193202		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	11/28/2011
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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 is a 54 year old male, who sustained an industrial injury on 11-28-11. The documentation on 8-27-15 noted that the injured worker has complaints of back pain that radiates to the left ankle, right ankle, left arm, right arm, left foot and right foot. Symptoms are aggravated by ascending stairs, bending, changing positions, coughing, daily activities, descending stairs, extension, jumping, lifting, pushing, rolling over in bed, running twisting and walking. The injured workers pain is 9 on scale of 0 to 10 without medications and 7 with medications. The diagnoses have included chronic pain syndrome; back problem; displacement of lumbar intervertebral disc without myelopathy; lumbar post-laminectomy syndrome and degeneration of lumbar intervertebral disc. Treatment to date has included norco; cymbalta; restoril; advil; pantoprazole; nucynta; baclofen; radiofrequency lumbosacral medial branch nerve block; psychological visits and L3-4 laminectomy. The original utilization review (9-8-15) non-certified the request for spinal cord stimulation lead placement trial and pantoprazole sodium 20mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Cord Stimulator (SCS) Lead Placement - trial: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Implantable drug-delivery systems (IDDSs), Transcutaneous electrotherapy.

**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:** Based on the 8/27/15 progress report provided by the treating physician, this patient presents with severe, persistent low back pain radiating to the bilateral ankles, bilateral arms, and bilateral feet with numbness, with pain rated 9/10 without medications and 7/10 with medications. The treater has asked for spinal cord stimulator (scs) lead placement - trial on 8/27/15. The request for authorization was not included in provided reports. The patient is s/p L3-4 lumbar laminectomy from 2013, and a right knee surgery from 1990 per 7/29/15 report. The patient has a history of depression and sinus headaches per 8/27/15 report. The patient is s/p chiropractic treatment, which worsened pain, unspecified injections with some relief, and physical therapy which worsened pain per review of reports. The patient is currently permanent and stationary per 8/27/15 report, and has not worked for 3 years per 7/29/15 report. MTUS Guidelines, Spinal Cord Stimulators (SCS) section pages 105 to 107 states: "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." MTUS Guidelines, under Psychological Evaluations, IDDS and SCS (Intrathecal Drug Delivery Systems and Spinal Cord Stimulators) section page 101 states: "Recommended pre-intrathecal drug delivery systems (IDDS) and spinal cord stimulator (SCS) trial." MTUS Guidelines, Indications For Stimulator Implants section page 101 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 treater is requesting a SCS trial "for his failed back surgery syndrome/radicular leg pain" per 6/30/15 report. In this case, the patient is s/p a L3-4 lumbar laminectomy from 2013, has been diagnosed with failed back surgery syndrome of the lumbar, and has received psychological evaluation clearance. The patient appears to be a suitable candidate as indicated per guidelines for a Spinal Cord Stimulator Trial. Therefore, the request IS medically necessary.

**Pantoprazole Sodium 20mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton Pump Inhibitors (PPI's).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Based on the 8/27/15 progress report provided by the treating physician, this patient presents with severe, persistent low back pain radiating to the bilateral ankles, bilateral arms, and bilateral feet with numbness, with pain rated 9/10 without medications and 7/10 with medications. The treater has asked for Pantoprazole sodium 20MG #60 on 8/27/15. The request for authorization was not included in provided reports. The patient is s/p L3-4 lumbar laminectomy from 2013, and a right knee surgery from 1990 per 7/29/15 report. The patient has a history of depression and sinus headaches per 8/27/15 report. The patient is s/p chiropractic treatment, which worsened pain, unspecified injections with some relief, and physical therapy which worsened pain per review of reports. The patient is currently permanent and stationary per 8/27/15 report, and has not worked for 3 years per 7/29/15 report. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, page 68 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65, 2. History of peptic ulcer disease and GI bleeding or perforation, 3. Concurrent use of ASA or corticosteroid and/or anticoagulant, 4. High dose/multiple NSAID. MTUS continues to state, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The patient presents with a diagnosis of gastritis, dyspepsia, and "continues to complain of GI side effects from the medications" per 8/27/15 report. As of 8/27/15, the patient is taking Advil, Baclofen, Cymbalta, Docusate, Norco, Nucynta, and Restoril. The patient has been taking Pantoprazole in reports dated 2/25/15, 4/15/15, and 6/1/15. Given that the treater has documented ongoing GI side effects, the requested Pantoprazole appears reasonable. Use of PPIs is indicated for GI issues, as this patient presents with. Therefore, the request IS medically necessary.