

Case Number:	CM15-0193380		
Date Assigned:	10/07/2015	Date of Injury:	12/21/2010
Decision Date:	11/13/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This 35 year old male sustained an industrial injury on 12-21-10. Documentation indicated that the injured worker was receiving treatment for complex regional pain syndrome right upper extremity. Previous treatment included acupuncture, stellate ganglion block, spinal cord stimulator implantation status post infection, multiple revision surgeries and removal, transcutaneous electrical nerve stimulator unit, J-Stim unit and medications. In an agreed medical evaluation dated 3-31-14, the physician indicated that current medications included Vimovo, Norco, Gabapentin, Colace and Temazepam. In a pain medicine reevaluation dated 3-23-15, current medications included Cyclobenzaprine, Naproxen Sodium, Neurontin, Norco, Prilosec Dr, Colace, Doc-q-lace, Carisoprodol, Ventolin and Asmanex. In PR-2's dated 4-20-15, 5-18-15 and 6-13-15, the injured worker complained of pain rated 7 to 9 out of 10 on the visual analog scale with medications and 10 out of 10 without medications. In a pain management reevaluation dated 8-10-15, the injured worker complained of ongoing bilateral upper extremity pain, rated 7 to 8 out of 10 with medications and 10 out of 10 without medications. The injured worker reported having medication induced gastrointestinal upset and constipation with current stool softeners controlling symptoms. The injured worker reported that he was tolerating current medications. Medications helped with activities of daily living and function. The injured worker had been authorized for placement of a new spinal cord stimulator; however the injured worker required authorization for a neurosurgery evaluation with a physician that could perform the procedure using the injured worker's paddle type laminotomy leads. The physician noted that CURES report obtained on 5-18-15 was consistent with prescribed medications. The treatment

plan included requesting a neurosurgery evaluation, surgery-paddle type laminotomy leads spinal cord stimulator, discontinuing Naproxen Sodium due to "untoward side effect", prescribing Vimovo and continuing medications (Cyclobenzaprine, Neurontin, Norco, Prilosec, Colace and Doc-q-lace). On 9-17-15, Utilization Review noncertified a request for surgery-paddle type laminotomy leads spinal cord stimulator and Vimovo 500-20mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery-Paddle type laminotomy leads spinal cord stimulator: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Spinal cord stimulators (SCS).

Decision rationale: Pursuant to the Official Disability Guidelines, surgery "paddle type laminotomy leads" spinal cord stimulator is not medically necessary. The indications for stimulator implantation are complex regional pain syndrome (CRPS) or failed back surgery syndrome when all of the following are present: there has been a limited response to non-interventional care; psychological clearance indicates realistic expectations and clearance for the procedure; no current evidence of substance abuse issues; no contraindication to a trial; permanent placement requires evidence of 50% pain relief with medication reduction or functional improvement after temporary trial. In this case, the injured worker's working diagnoses are complex regional pain syndrome right upper extremity; and status post SCS implant " removed due to infection with multiple revisions. The date of injury is December 21, 2010. Request for authorization is September 11, 2015. According to a progress note dated March 31, 2014, the treating provider prescribed Norco 10/325mg and Vivona 500/20mg. According to an August 10, 2015 progress note, the injured worker complains of upper extremity pain bilaterally. Pain score is 8/10. The injured worker had a spinal cord stimulator that was removed secondary to infection and has had multiple revisions. Presently, there is no spinal cord stimulator in place. The interval history states the spinal cord stimulator C/S is authorized. [REDACTED] a spine surgeon is on the [REDACTED] with the patient states he is unable to perform the paddle lead since he is not a neurosurgeon. [REDACTED], a neurosurgeon can performed a paddle type laminotomy lead, but he is not in the [REDACTED]. According to the utilization review, the injured worker was referred to a neurosurgeon for consultation for the cervical spine. The neurosurgeon should evaluate the injured worker and make a determination whether paddle type laminotomy leads are clinically indicated. The request for paddle type laminotomy leads is premature. Based on the clinical information in the medical record, peer-reviewed evidence- based guidelines, and a pending neurosurgical evaluation of the cervical spine, surgery "paddle type laminotomy leads" spinal cord stimulator is not medically necessary.

Norco 10/325 mg QTY 240.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 240 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are complex regional pain syndrome right upper extremity; and status post SCS implant removed due to infection with multiple revisions. The date of injury is December 21, 2010. Request for authorization is September 11, 2015. According to a progress note dated March 31, 2014, the treating provider prescribed Norco 10/325mg and Vivona 500/20mg. According to an August 10, 2015 progress note, the injured worker complains of upper extremity pain bilaterally. Pain score is 8/10. The injured worker had a spinal cord stimulator that was removed secondary to infection and has had multiple revisions. Presently, there is no spinal cord stimulator in place. The documentation indicates, at a minimum, the treating provider has prescribed Norco for six months. The Norco start date is not specified. There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. There is no documentation demonstrating objective functional improvement to support ongoing Norco. There is no documentation of an attempt at weaning Norco. According to a January 29, 2015 utilization review, it was a recommendation for Norco weaning. The treating provider requested Norco 10 mg #240. There has been no attempt at weaning to date. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no detailed pain assessments or risk assessments, no documentation demonstrating objective functional improvement and no documentation showing an attempt to wean, Norco 10/325mg # 240 is not medically necessary.

Vivomo 500/20 mg QTY 120.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Vivomo (esomeprazole magnesium/naproxen).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs (non-steroidal anti-inflammatory drugs) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Vimovo 500/20mg #120 is not medically necessary. Vimovo is a combination of naproxen and esomeprazole. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. Esomeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are complex regional pain syndrome right upper extremity; and status post SCS implant removed due to infection with multiple revisions. The date of injury is December 21, 2010. Request for authorization is September 11, 2015. According to a progress note dated March 31, 2014, the treating provider prescribed Norco 10/325mg and Vivona 500/20mg. According to an August 10, 2015 progress note, the injured worker complains of upper extremity pain bilaterally. Pain score is 8/10. The injured worker had a spinal cord stimulator that was removed secondary to infection and has had multiple revisions. Presently, there is no spinal cord stimulator in place. The documentation indicates, at a minimum, the treating provider has prescribed Vivona for at least six months. The start date is not specified. There is no clinical indication for a proton pump inhibitor (esomeprazole). There were no gastrointestinal comorbid conditions or risk factors for G.I. bleeding. There is no clinical indication or rationale for a combination drug (nonsteroidal anti-inflammatory drug and proton pump inhibitor). Based on clinical information in the medical record; peer-reviewed evidence- based guidelines, no clinical indication or rationale for a combination nonsteroidal anti- inflammatory and proton pump inhibitor and no documentation demonstrating objective functional improvement to support ongoing Vivona use, Vimovo 500/20mg #120 is not medically necessary.