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| Case Number: | CM15-0020241 | | |
| Date Assigned: | 02/09/2015 | Date of Injury: | 06/08/2004 |
| Decision Date: | 05/15/2015 | UR Denial Date: | 01/28/2015 |
| Priority: | Standard | Application Received: | 02/03/2015 |

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: Ohio

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63 year old male who has reported mental illness and low back pain after an injury on 6/08/2004. The diagnoses have included depression, right sacroiliac joint dysfunction, failed back surgery syndrome, lumbar radiculopathy and lumbar facet arthropathy. Treatment to date has included medications, surgery, physical therapy, and an implanted neurostimulator. As of a case management report of 3/26/14, a home visit showed that the injured worker was poorly functional and required assistance with most activities of daily living, used a walker, and was unable to put on his socks. The injured worker saw a psychotherapist periodically during 2014. Per the report of 7/30/14, the injured worker is "essentially housebound" during the week. Per the report of 6/16/14, he was unable to get out of bed due to pain. At the same time, the reports of the pain management physician are of good pain control, good function, and improved mood. The primary treating physician report of 10/23/14 notes poor pain control, poor mood control, and poor function, such that the injured worker required household assistance to perform light activities of daily living. Work status was "off work indefinitely." Serial reports from the pain management physician during 2013-2014 show ongoing, 5-10 low back pain which is aggravated by even very light activity. The reports are stereotyped and contain much of the same information from report to report. Ongoing medications included Nucynta, Diazepam, Soma, Alprazolam, Ketoprofen, and Omeprazole. Opioids are routinely stated to be beneficial with functional improvement. The specific functional details are not addressed and there is no work status. The urine drug screen screening result of 8/14/14 and 11/10/14 was positive for benzodiazepines and Tapentadol. No other drugs

were tested other than methadone. As of 9/10/14 Percocet was on the list of current medications and Nucynta was off the list. The reasons for stopping Nucynta and starting Percocet were not discussed. Pain was 7-10/10. On 9/25/14 Nucynta was again prescribed and Percocet was not listed, again, without a rationale. On 10/16/14 and 11/4/14 there was intractable low back pain but controlled leg pain. A bilateral cluneal nerve stimulator trial was prescribed. As of 11/13/14 the spinal cord stimulator was reported to be working properly. A 10/23/14 Request for Authorization was for the spinal cord stimulator requests now under Independent Medical Review. On 12/3/14 Flector patch was prescribed by a different physician, with no body part listed. The associated report discussed chronic shoulder pain, prior good results with Flector, and the inability to take oral NSAIDs due to gastrointestinal problems. Flector was refilled. Flector was then added to the list of medications with the pain management physician. As of 12/18/14 the spinal cord stimulator was reportedly not working properly. The treatment plan did not address this. On 1/15/15 the Flector helped back pain. The spinal cord stimulator was not working well enough. The treatment plan included a cluneal nerve stimulator trial, Nucynta, and Flector. The spinal cord stimulator was reportedly functioning well. The 1/20/15 Request for Authorization is for the spinal cord stimulator items and medications referred for Independent Medical Review. On 10/31/14 Utilization Review non-certified the stimulator requests, noting the lack of indications for the cluneal stimulator. On 1/28/2015 Utilization Review non-certified lumbar x-rays, leads x 2, remove leads, reprogram stimulator, anesthesia, pre-op testing, Nucynta 100mg #90, and Flector patch 1.3% #30. The non-certification for all items associated with the stimulator was that a cluneal nerve stimulator was not medically necessary. The medications were not medically necessary based on guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar x-rays: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the proposed procedure (a stimulator trial or modification) is not medically necessary, none of the associated tests, including lumbar radiographs, are medically necessary.

Leads x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators Page(s): 106.

Decision rationale: The lead removals and/or repositioning are part of the requested stimulator procedure. The medical reports are conflicting regarding the stimulator that is currently in place. The treating physician has stated that the stimulator is functioning normally, and that a cluneal nerve stimulation trial is the next step. The requested procedure is an adjustment of the current stimulator however; yet the current stimulator is reportedly functioning normally and there is no discussion of the indications for revising the stimulator. Thus the medical necessity for the requested stimulator procedure is not clear and is not medically necessary per the available records.

Remove leads: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators Page(s): 106.

Decision rationale: The lead removals and/or repositioning are part of the requested stimulator procedure. The medical reports are conflicting regarding the stimulator that is currently in place. The treating physician has stated that the stimulator is functioning normally, and that a cluneal nerve stimulation trial is the next step. The requested procedure is an adjustment of the current stimulator however; yet the current stimulator is reportedly functioning normally and there is no discussion of the indications for revising the stimulator. Thus the medical necessity for the requested stimulator procedure is not clear and is not medically necessary per the available records.

Reprogram stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators Page(s): 106.

Decision rationale: The medical reports are conflicting regarding the stimulator that is currently in place. The treating physician has stated that the stimulator is functioning normally, and that a cluneal nerve stimulation trial is the next step. The requested procedure is an adjustment of the current stimulator however; yet the current stimulator is reportedly functioning normally and there is no discussion of the indications for revising or reprogramming the stimulator. Thus the medical necessity for the requested stimulator procedure is not clear and is not medically necessary per the available records. The MTUS discusses the indications for spinal cord stimulators but not the specific indications for adjusting and programming the stimulator.

Anesthesia: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre op testing: chest x-ray, 12-lead EKG, Hepatic blood panel, Renal blood panel, CMP, CRP, PT, PTT, CBC, Sed rate, urinalysis, urine culture: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Nucynta 100mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Mechanical and compressive etiologies; Medication trials Page(s): 77-81; 94; 80; 81; and 60.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. The prescribing physician does not specifically address function with respect to prescribing opioids. The treating physician does not address work status. The injured worker has failed the "return-to-work" criterion for opioids in the MTUS. The reports from other providers indicate the injured worker has very poor pain control, very poor function and is practically housebound. There are no random drug tests, and the tests that are performed at routine office visits do not test for the usual array of illicit drugs. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Flector patch 1.3% #30 (one refill): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications Page(s): s 111-113.

Decision rationale: Per the MTUS, topical NSAIDs for short term pain relief may be indicated for pain in the extremities caused by osteoarthritis or tendonitis. There is no good evidence supporting topical NSAIDs for shoulder or axial pain. One of the secondary treating physicians has noted the benefits of using Flector for shoulder pain, and that the injured worker was not able to take oral NSAIDs. As such, continued use of this topical NSAID is a valid option for chronic shoulder pain, and less toxic than steroid injections (as was discussed by the treating physician). There may also be some benefit to using Flector for low back pain, although this is not a recommended indication per the MTUS. Therefore the request is medically necessary.