

<b>Case Number:</b>	CM15-0224509		
<b>Date Assigned:</b>	11/20/2015	<b>Date of Injury:</b>	03/15/2000
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/16/2015

### 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: Massachusetts

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:

This is a 47 year old male who sustained a work-related injury on 3-15-00. Medical record documentation on 11-3-15 revealed the injured worker was being treated for chronic pain syndrome, chronic post-operative pain, reflex sympathetic dystrophy of the lower limb and chronic pain associated with significant psychosocial dysfunction. The injured worker reported bilateral knee pain and associated tingling in the left knee. He reported that his pain medications improved his pain. His pain without medications was rated a 10 on a 10-point scale and with medications a 5 on a 10-point scale. His medications included Celebrex 200 mg, Fentanyl patch 100 mcg, gabapentin 100 mg, and oxycodone 15 mg with 50% pain relief. Objective findings included severe allodynia to light touch on the medial and lateral aspect of the left knee and severe decreased range of motion with bilateral knee flexion and extension due to pain. He had slowed ambulation with use of bilateral knee braces. Previous therapy included rest, NSAIDS, physical therapy, tramadol, muscle relaxants and intra-articular knee injections with steroids and Supartz with continued severe daily pain. A request for spinal cord stimulator trial was received on 11-6-15. On 11-12-15, the Utilization Review physician determined spinal cord stimulator trial was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 spinal cord stimulator trial: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - CRPS, spinal cord stimulators (SCS).

**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:** The claimant has a remote history of a work injury occurring in March 2000 and continues to be treated for chronic pain including a diagnosis of CRPS. When seen in September 2015 he was having bilateral knee pain. Medications were decreasing pain from 10/10 to 5/10. Fentanyl and oxycodone were being prescribed at a total MED (morphine equivalent dose) of over 300 mg per day and gabapentin was being prescribed at 100 mg three times per day. Physical examination findings included severe left knee allodynia with decreased and painful knee range of motion bilaterally. He had a slow, waddling gait. He was wearing bilateral knee braces. A spinal cord stimulator trial was recommended. He was referred for psychological clearance for the trial and seen for this on 10/01/15. The determination was that he was not suitable psychologically for spinal cord stimulator implantation. He remained at risk for noncompliance and unable to engage in any medication regimen or rehabilitation process on a reliable basis. He had a poor prognosis. This request is for a stimulator trial prior to consideration of an implantable stimulator. Psychological clearance is required before the trial and the claimant underwent an evaluation for clearance and was not found to be suitable for a spinal cord stimulator. Additionally, his gabapentin dosing is less than what would be required for an adequate trial of this medication. A spinal cord stimulator trial is not medically necessary.