

Case Number:	CM15-0050246		
Date Assigned:	03/23/2015	Date of Injury:	05/17/2012
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/17/2015

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: Orthopedic Surgery

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 55-year-old male, who sustained an industrial injury on May 17, 2012. The injured worker was diagnosed as having moderate to severe thoracolumbar spine chronic myofascial pain syndrome, injury to right hip and right knee, pain and weakness of right leg due to Complex Regional Pain Syndrome (CRPS)-Type II after steroid injection to right hip joint, and major depression. Treatment to date has included aquatic physical therapy and medication. Currently, the injured worker complains of constant intractable pain in the right leg, depressed, with moderate difficulty sleeping. The Treating Physician's report dated February 23, 2015, noted the range of motion (ROM) of the lumbar spine were slightly restricted in all planes, with multiple myofascial trigger points and taught bands noted throughout the thoracic and lumbar paraspinal musculature as well as in the gluteal muscles. Sensation to fine touch and pinprick was decreased in the right leg and right foot. The treatment plan was noted to include prescriptions for Neurontin, Tylenol with Codeine, and Elavil, a urine drug screen (UDS), a trial of a spinal cord stimulator, and follow-up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg QID QTY: 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin Page(s): 18.

Decision rationale: Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, Neurontin is indicated for diabetic painful neuropathy and postherpetic neuralgia and is considered first line treatment for neuropathic pain. In this case, the exam note from 2/23/15 does not demonstrate evidence of significant percentage of relief, the duration of relief, increase in function or increased activity while taking Neurontin. Therefore, medical necessity has not been established, and determination is for non-certification.

Trial of spinal cord stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105, 6.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulator Page(s): 106-107.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, pages 106-107 states that it is recommended only for selected patients when less invasive procedures have failed or are contraindicated for specific conditions and when there is a successful temporary trial. Those conditions are as stated below. Indications for stimulator implantation: 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 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. In this case the exam note from 2/23/15 does not demonstrate an appropriate clearance by a psychologist prior to the requested spinal cord stimulator trial. Therefore the determination is for non-certification and is not medically necessary.