

Case Number:	CM15-0058054		
Date Assigned:	04/02/2015	Date of Injury:	07/28/2011
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/26/2015

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:

The injured worker is a 59 year old female, who sustained a work/ industrial injury on 7/28/11. She has reported initial symptoms of left hand pain due to burns and crush injury. The injured worker was diagnosed as having reflex sympathetic dystrophy of the upper limb, carpal tunnel syndrome, burns of hand, and injury to ulnar nerve. Treatments to date included medication, diagnostics, P-stim treatments, surgery (skin grafting to left middle finger 1/29/13), left stellate ganglion block on 6/26/14, protective hand glove, and spinal cord stimulator trial 2/26/15. Bone scan was performed on 7/1/14. Currently, the injured worker complains of left arm pain and stiffness. The treating physician's report (PR-2) from 2/20/15 indicated plan for use of a spinal cord stimulator. There was improved range of motion in the left shoulder. The left hand and wrist was discolored with extreme allodynia to light touch. Treatment plan included Tramadol and Permanent spinal cord stimulator implantation with medtronic pulse generator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg # 90 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 by the 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 status post crush injury left hand with history of burns to the middle and ring fingers, status post skin grafting to the left middle finger and left carpal tunnel release; symptoms of complex regional pain syndrome/reflex sympathetic dystrophy of the left upper extremity involving the left hand, forearm, upper arm and left shoulder; possible spread of neuropathic pain in the left lower extremity secondary to complex regional pain syndrome. Documentation from a December 2014 note does not show Tramadol was prescribed. Documentation from the January 2015 note does not show Tramadol was a current medication. According to a February 10, 2015 progress note, the injured worker was already taking Tramadol. The patient had a VAS pain scale of 7-8/10 with some improvement in pain and function with the use of Tramadol use intermittently. The documentation did not contain evidence of objective functional improvement, an increase in activities of daily living and the extent of pain control with use of Tramadol. There was no detailed pain assessment in the medical record. There was no risk assessment in the medical record. Consequently, absent clinical documentation with objective functional improvement and documentation indicating a significantly improved VAS scale (7/10) with significant objective improvement using Tramadol, Tramadol 50 mg #60 is not medically necessary.

Permanent spinal cord stimulator implantation with medtronic pulse generator:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Spinal Cord Stimulator.

Decision rationale: Pursuant to the Official Disability Guidelines, permanent spinal cord stimulator implantation with Medtronic pulse generator is 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 status post crush injury left hand with history of Burns to the middle and ring fingers, status post skin grafting to the left middle finger and left carpal tunnel release; symptoms of complex regional pain syndrome/reflex sympathetic dystrophy of the left upper extremity involving the left hand, forearm, upper arm and left shoulder; possible spread of neuropathic pain in the left lower extremity secondary to complex regional pain syndrome. The documentation identified the appropriate diagnosis for spinal cord stimulator implantation reflex sympathetic dystrophy of the upper limb. The utilization review certified the permanent spinal cord stimulator implantation on March 26, 2015. The injured worker failed two P-Stim treatments and the left stellate ganglion block. A spinal cord stimulator trial was initiated and the injured worker reported a greater than 50% pain relief, the ability to decrease pain medication use (tramadol reduced) and a significant improvement in range of motion and better able to participate in an exercise regimen for the left hand. A psychological evaluation was performed and there were no psychological contraindications for undergoing a spinal cord stimulator implantation. Consequently, based on the clinical documentation and the peer-reviewed evidence-based guidelines, permanent spinal cord stimulator implantation with Medtronic pulse generator is medically necessary.