

Case Number:	CM15-0080550		
Date Assigned:	05/11/2015	Date of Injury:	03/01/2007
Decision Date:	06/10/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/27/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 (IW) is a 40-year-old male who sustained an industrial injury on 03/01/2007. Diagnoses include failed back syndrome and chronic intractable pain. Treatments to date include medications, NESP-R program (Nutrition, Emotional/Psychological, Social/Financial and Physical-Revised), TENS, injections, lumbar support devices, aqua and physical therapy and surgery. He was status post posterior decompression and fusion with two discs replaced. He had numerous MRIs and discography. According to the progress notes dated 3/26/15, the IW reported medications given on his first visit provided minimal relief of his back pain and he requested to move forward with possibly a pain pump or spinal cord stimulator. He also reported his sleep was poor. A request was made for consultation with [REDACTED] to consider morphine pump and/or spinal column stimulator and refills of Opana40 mg, Amitriptyline 20mg and Soma 350mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation/referral for consideration of implantation of morphine pump and/spinal cord stimulator: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 127, Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs), pages 52-54, and Spinal cord stimulators (SCS) pages 105-107.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Referral to a specialist is required when a particular procedure is required in which the specialist is skilled. The MTUS Chronic Pain Treatment Guidelines also state that implantable drug-delivery systems are recommended only as an end-stage treatment alternative for selected patients after failure of at least 6 months of less invasive methods, and following a successful temporary trial and for the purpose of facilitating restoration of function and return to activity, and not just for pain reduction. The implantable infusion pump is indicated for malignant pain and also non-malignant pain with documentation of failure of less invasive methods for at least 6 months, intractable pain secondary to a disease state with objective documentation of pathology, further surgical intervention or other treatment is not indicated or likely to be effective, psychological evaluation has been obtained and evaluation states that the pain is not primarily psychologic in origin, no contraindications to implantation (sepsis, coagulopathy, etc.), and a temporary trial of spinal opiates has been successful by at least 50-70% reduction in pain and associated reduction in oral pain medication. An infusion pump trial (rather than spinal injection) may be considered medically necessary only when all other criteria are met. Refill timing for implantable drug-delivery systems will vary based on pump reservoir size, drug concentration, dose, and flow rate. The MTUS Chronic Pain Treatment Guidelines also state that spinal cord stimulators (SCS) is indicated only in the following situations: 1. Failed back surgery syndrome, 2. Complex regional pain syndrome/reflex sympathetic dystrophy, 3. Post amputation pain (phantom limb pain), 4. Post herpetic neuralgia, 5. Spinal cord injury dysesthesias (radiculopathy related to spinal injury), 6. Pain associated with multiple sclerosis, and 7. Peripheral vascular disease causing pain. SCS may be recommended only after careful counseling and comprehensive multidisciplinary medical management and with continued physical therapy. In the case of this worker, who was requesting a referral to a specialist for consideration of either an implantable stimulator or pump infusion to help manage the chronic pain, although the previous reviewer suggested the worker obtain a psychological assessment to be certain the reported pain is/was not psychogenic in origin before considering the pump, there was no plan to install the pump in this request, but rather only the consultation to discuss the option. If the consultant then recommended a pump, then this psychological assessment would be needed prior to approving the pump installation. However, if a stimulator or no treatment was recommended by this consultant then this psychological assessment would not be necessary. Therefore, the consultation alone as requested is medically necessary.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Carisoprodol Page(s): s 29 and 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The MTUS also states that carisoprodol specifically is not recommended as it is not indicated for long-term use, mostly due to its side effect profile and its potential for abuse. Weaning may be necessary for patients using high doses of carisoprodol. In the case of this worker, there was evidence of chronic use of Soma to help reduce the chronic pain reported by the worker. However, this medication is not intended to be used chronically for the diagnoses provided, and the request for an additional 60 pills suggests an intention to continue this medication chronically. Therefore, the Soma will be considered medically unnecessary.

Opana 40mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): s 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient documentation to show clear functional gains and measurable pain level reduction with the use of Opana. Also, the request failed to include the number of pills requested, which is required. Therefore, the request for Opana 40 mg will be considered medically unnecessary at this time.