

<b>Case Number:</b>	CM15-0082128		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	05/14/2003
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: Texas, Florida  
 Certification(s)/Specialty: Anesthesiology, 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 57 year old male, who sustained an industrial injury on 5/14/2003. Diagnoses have included osteoarthritis, enthesopathy of hip region, trochanter bursitis, IR band syndrome, lumbosacral (joint) (ligament) sprain and lumbosacral spondylosis without myelopathy. Treatment to date has included physical therapy, acupuncture, epidural injections, left hip replacement and medications. The IW missed several sessions of PT in October/ November 2014. There was no significant pain relief following the past epidural injection. According to the progress report dated 3/27/2015, the injured worker complained of not getting adequate relief with eight tablets of Norco a day. He continued with acupuncture with minimal pain relief and temporary symptomatic improvement. He reported being partially functional with activities of daily living. There was left hip surgical scar and limitation to left hip movement. The UDS dated 12/17/2014 was positive for oxycodone and THC. Authorization was requested for evaluation for spinal cord stimulation status post left total hip replacement lumbar spondylosis; urine drug screen; labs; Oxycodone; Cymbalta; pain medicine consult for possible Suboxone treatment and acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation for spinal cord stimulation s/p left THR lumbar spondylosis: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, spinal cord stimulators (SCS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 101, 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back Hip.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that Spinal Cord Stimulation (SCS) can be utilized for the treatment of severe musculoskeletal pain when conservative treatments, minimal invasive pain procedures and surgical options have been exhausted. It is recommended that psychosomatic disorders be excluded before consideration of Spinal Cord Stimulation Trial. The records did not show that the patient exhausted the conservative treatment options. He was non compliant with PT treatment schedule. There is no documentation of effective treatment of the psychosomatic symptoms associated with the chronic pain syndrome. The requested indication for the SCS Trial for the treatment of pain associated with left hip bursitis and IT band syndrome did not meet the guidelines criteria for SCS Trial and therefore is not medically necessary.

**Urine drug screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that UDS can be utilized for the monitoring of compliance of treatment with opioid and sedative medications. It is recommended that UDS can be utilized up to 3 times a year with increased frequency of monitoring in the presence of red flag conditions. The records did not indicate the presence of red flag behavior. The records did not show documentation of non-UDS compliance monitoring such as CURES data report or presence of aberrant behavior. The UDS dated 12/17/2014 was consistent with prescribed oxycodone and medical marijuana. The criteria for the Urine Drug Screen was not met and therefore is not medically necessary.

**Oxycodone 30mg one to two tablets every four to six hours #96:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of severe musculoskeletal pain that did not resolve with treatments with NSAIDs, non opioid co-analgesics and PT. The chronic use of opioids is associated with the development of tolerance, dependency, sedation, addiction, opioid induced hyperalgesia and adverse interactions with other sedative medications. The records did not show that the patient failed treatments with NSAIDs, co-analgesics or PT. The patient was non-compliant with PT. The UDS showed that he is utilizing THC concurrently. The guidelines recommend that chronic pain patients with psychosomatic symptoms be treatment with anticonvulsants and antidepressant medications. The criteria for the use of oxycodone 30mg #96 was not met. The guidelines recommend that a safe weaning protocol be utilized for tapering of high dose opioid medications and therefore is not medically necessary.

**Cymbalta 30mg one tablet once daily:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SNRIs (serotonin noradrenaline reuptake inhibitors).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9702.24.2 Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that antidepressant medications can be utilized for the treatment of neuropathic pain, chronic pain syndrome and associated psychosomatic symptoms. The records indicate that the patient had symptomatic improvement with utilization of Cymbalta. There was no reported adverse effect. The use of antidepressant analgesic is associated with reduction in opioid requirement, improved sleep and analgesia. The criteria for the use of Cymbalta 30mg once a day #30 was met. Therefore, the request was medically necessary.

**Pain Medicine consult for possible Suboxone treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 87, 89, 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that patients can be referred for Specialist Consultation when the diagnosis is uncertain, the condition is extremely complex or additional expertise treatment had become necessary. The records indicate that the patient was recently approved for a Consultation with a Pain specialist. There was a history of previous treatment with epidural injections that was not beneficial. There was no documentation of opioid addiction disorder or failure of standard detoxification treatment. The criteria for the Pain Medicine consult for possible Suboxone treatment was not met. Therefore, the request was not medically necessary.

**Acupuncture; six visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS- Acupuncture Medical Treatment guidelines and the ODG guidelines recommend that acupuncture treatments can be utilized for the treatment of chronic musculoskeletal pain. The utilization of acupuncture treatment can result in pain relief, functional restoration and reduction in medications utilization. The records indicate that the patient reported no significant pain relief or symptomatic improvement after previous sessions of acupuncture treatments. The criteria for Acupuncture treatments 6 visits was not met. Therefore, the request was not medically necessary.