

<b>Case Number:</b>	CM14-0137599		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	12/20/2002
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 48-year-old woman who sustained a work-related injury on December 20, 2002. Subsequently, she developed chronic low back pain. According to a QME report dated February 5, 2014, the patient complains of constant aching, shooting, and throbbing of the left lower back pain that radiates to her buttocks and thigh. The patient rated her pain at rest as a 4-5/10 and as a 7-8/10 with activity. The patient also complains of depression, anxiety, and insomnia. The patient reported neuropathic feet pain rated 8+/10. The patient was diagnosed with chronic low back pain with left radiculopathy status post L5-S1 left hemilaminectomy/discectomy; depression, repair; failed back surgery syndrome with severe stenosis and neurogenic claudication. Her physical examination of the thoracolumbar spine revealed tenderness to palpation over the paraspinal muscles, spasm with reduced range of motion. Her neurologic examination was normal. In January 2013, the patient has been asked to discontinue Norco and to continue with Percocet and Zanaflex. The progress report dated June 3, 2014 states the patient continues complaining of back pain. On an average, the pain is 6/10 with difficulty performing her activity of daily living. Her physical examination was unchanged compared to her previous examination. The provider requested authorization for Percocet, Tizanidine, and spinal cord stimulator trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Percocet 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) < Criteria for use of opioids, page(s) 179>.

**Decision rationale:** According to MTUS guidelines, ongoing use of opioids should follow specific rules:<(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status,appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework>The patient have been using Percocet for long period of time ( at least since 2013) without recent documentation of full controle of pain and without any documentation of fuctional or quality of life improvement. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of narcotics. Therefore the prescription of Percocet 10/325mg # 180 is not medically necessary.

**1 prescription for Tizanidine 4mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** According to MTUS guidelines, a non sedating muscle relaxant is recommeded with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. Tizanidine was used in this patient without clear evidence of objective monitoring of the drug effect on the patient condition. The request of Tizanidine is not medically necessary.

**1 Spinal cord stimulator trial: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-106.

**Decision rationale:** According to MTUS guidelines, spinal cord stimulator is recommended: <Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. Although there is limited evidence in favor of Spinal Cord Stimulators (SCS) for Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain>. Prior to spinal neurostimulator implantation, the patient should have a psychological evaluation and clearance from drug abuse. There is no evidence that the patient was cleared psychologically. There is no clear evidence that the patient failed all conservative therapies and is not candidate for surgery. Therefore, the request for Spinal Cord Stimulator trial is not medically necessary.