

Case Number:	CM14-0177392		
Date Assigned:	10/30/2014	Date of Injury:	10/01/1992
Decision Date:	12/08/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/27/2014

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 Physical Medicine and Rehabilitation; has a subspecialty in Pain Medicine and is licensed to practice in California. 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:

This is a male patient with a date of injury of October 1, 1992. A utilization review determination dated October 17, 2014 recommends non-certification of a spinal cord stimulator trial, and morphine sulfate 15 mg #45. A progress note dated September 25, 2014 identifies subjective complaints of chronic low back pain, the patient states that the morphine has been helpful without side effects, his pain level at the best is a 2, his pain level at the worst is a 8-9, the patient states that the medications allow him to participation in his ADLs and keeps him out of bed, he is able to walk and exercise with his pain medicines, there is no evidence of substance abuse behaviors, urine drug screens have been appropriate, there are no red flags noted by Eforce, and the patient wants to proceed with a spinal cord stimulator trial. Physical examination reveals abnormalities with palpation of the lumbar spine, lumbar sacral spine exhibits tenderness on palpation, both sides of iliolumbar region exhibited tenderness on palpation, sciatic notch on the right exhibited tenderness on palpation, lumbosacral spine exhibited muscle spasms, lumbosacral spine motion was abnormal, and knee-jerk reflex was absent or diminished. The diagnoses include chronic intractable pain syndrome, post--laminectomy syndrome 1993, 1994, 1997, bilateral lumbosacral polyradiculopathy, discectomy at L2-3 and L4-5 with revision of L5-S1 with implantation of hardware at L2-3 and L5-S1 on March 3, 2010, fusion from L2 through S1, and hardware removal from lumbar spine on January 21, 2011. The treatment plan recommends morphine sulfate 15 mg #45, MS Contin 15 mg #60, Protonix 40 mg, weight loss diet, intervention and counseling on cessation of tobacco use, daily exercise/stretching, avoid prolonged bed/chair rest, and request for 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 Spinal Cord Stimulator (SCS) trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 38, 101, 105-107.

Decision rationale: Regarding the request for a spinal cord stimulator trial, Chronic Pain Medical Treatment Guidelines state that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Guidelines support the use of spinal cord stimulators for failed back surgery syndrome, complex regional pain syndrome, neuropathic pain, post amputation pain, and post herpetic neuralgia. Guidelines recommend psychological evaluation before proceeding with spinal cord stimulator therapy. Within the documentation available for review, there is no documentation of subjective or objective findings consistent with radiculopathy. Also, there is no statement indicating that less invasive procedures have failed or are contraindicated. Furthermore, there is no documentation that the patient has undergone a successful psychological clearance evaluation. In the absence of such documentation, the currently requested spinal cord stimulator trial is not medically necessary.

One prescription of Morphine Sulfate 15 mg # 45: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for morphine sulfate 15mg #45, California Pain Medical Treatment Guidelines state that MS Contin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain, there is documentation regarding side effects, and there is discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. As such, the currently requested morphine 15mg #45 is medically necessary.