

Case Number:	CM14-0215378		
Date Assigned:	01/05/2015	Date of Injury:	04/05/2011
Decision Date:	02/24/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: North Carolina, Georgia
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 claimant had a date of injury of 4/5/2011. The mechanism of injury was a motor vehicle accident in which he sustained a crush and degloving injury to right forearm as well as right shoulder injury, cervical, lumbar and left knee injury. Prior treatments have included multiple arthroscopic surgeries of left knee, open reduction internal fixation of right forearm as well as multiple procedures and skin grafts to manage the degloving injury. He had a ganglion block on 10/15/14 which reportedly produced 100 % reduction in pain. There are plans for further ganglion blocks. Other ongoing treatment includes physical therapy as needed for flares of , pain. His current medications include MS Contin 30 mg q 6 hours, Norco 10/325 q 3 hours, Lidoderm 5 % q 12 hours, Soma 350 mg q 12 hours and Trokendi. Current diagnoses include right forearm pain, right forearm crushing injury status post MVA and complex regional pain syndrome. The requests are for spinal cord stimulator trial, MS Contin 30 mg #120, Norco 10/325 #240, Lidoderm 5 % #60 with 4 refills and Soma 350 mg #60 with 4 refills. The original UR decision denied these requests, while modifying the MS Contin, Norco and Soma requests to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Section Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 101, 106-107. Decision based on Non-MTUS Citation Pain, Spinal Cord Stimulator

Decision rationale: CA MTUS states that spinal cord stimulator only for selected patients only for selected patients when less invasive procedures have failed, for the diagnoses listed below and after a successful trial. Consideration of spinal cord stimulator is reasonable in failed back syndrome, complex regional pain syndrome or chronic neuropathic pain in which appropriate medical management for at least 6 months has not provided adequate relief. Psychological evaluation prior to trial implantation is indicated and recommended. ODG includes the following criteria for consideration of a spinal cord stimulator for failed back syndrome (persistent pain in patients who have undergone at least one previous back operation and are not candidates for repeat surgery), when all of the following are present: (1) symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care (e.g. neuroleptic agents, analgesics, injections, physical therapy, etc.); (2) psychological clearance indicates realistic expectations and clearance for the procedure; (3) there is no current evidence of substance abuse issues; (4) there are no contraindications to a trial; (5) Permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after temporary trial. Estimates are in the range of 40-60% success rate 5 years after surgery. Neurostimulation is generally considered to be ineffective in treating nociceptive pain. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar due to potential complications and limited literature evidence. In this case, there is good documentation of failure of conservative treatments and of symptoms which might respond to a spinal cord stimulator. However, a psychological evaluation has not been performed to assess appropriateness of the trial of spinal cord stimulator. A trial of spinal cord stimulator is not medically indicated at this time as there is no documentation of psychological assessment s recommended by ODG. I am upholding the original UR decision.

MS Contin 30 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as MS Contin, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting

any functional improvement. Therefore, the record does not support medical necessity of ongoing opioid therapy with MS Contin. The original UR decision modified the request to allow for weaning. I am upholding the original UR decision.

Norco 10/325 mg, 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Section Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): pp 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Norco. The original UR decision modified the request to allow for weaning. I am upholding the original UR decision.

Lidoderm 5%, sixty count with four refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 56-57.

Decision rationale: The CA MTUS states that topical lidocaine preparations such as Lidoderm may be used as second line treatment for localized peripheral pain after a first line treatment, such as tricyclic antidepressant, SNRI or AED, has tried and failed. The medical records in this case do describe treatment with anti epileptic agent which, while helpful, has left residual neuropathic pain. The use of Lidoderm is medically necessary and indicated.

Soma 350 mg, sixty count with four refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 63-66.

Decision rationale: The CA MTUS allows for the use, with caution, of non sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of Soma. This is not medically necessary and the original UR decision is upheld.