

Case Number:	CM14-0217619		
Date Assigned:	01/26/2015	Date of Injury:	03/14/2002
Decision Date:	03/23/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/29/2014

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year-old male, who was injured on March 14, 2002, while performing regular work duties. The injured worker is a welder. The injured worker was in the process of reorganizing the shop when the injury occurred, which resulted in pain to the neck and back. The records indicate the injured worker has received treatment including medications, spinal injections, radiological imaging, and physical therapy. A magnetic resonance imaging of the lumbar spine on August 1, 2014, reveals degenerative spondylosis of the lumbar spine, disc protrusion, post-operative changes from a fusion and laminectomy. An evaluation on October 27, 2014, indicates the injured worker has continued complaint of neck, mid-back and lower back pain, with pain going down to the thighs, buttock, and numbness down one arm. The records indicate the injured worker has been prescribed and taking Gabapentin since August 6, 2014. The records indicate the injured workers symptoms continued with the use of Gabapentin. The records indicate a previous failed trial for a spinal cord stimulator. The request for authorization is for one (1) spinal cord stimulator trial to include two (2) implant neuroelectrodes; one (1) neurostimulator, and sixteen (16) implantable neurostimulator electrodes; one (1) prescription of Gabapentin 600 mg, quantity #90; one (1) psychology referral for spinal cord stimulator clearance; one (1) urine drug screen to include pain panel with THC and bars; and one (1) prescription of Buspar 10 mg. The primary diagnosis is lumbar spine post-laminectomy syndrome. On December 9, 2014, Utilization Review non-certified one (1) spinal cord stimulator trial to include two (2) implant neuroelectrodes; one (1) neurostimulator, and sixteen (16) implantable neurostimulator electrodes; one (1) psychology referral for spinal cord

stimulator clearance; modified certification for Gabapentin 600 mg, quantity #60; and conditionally non-certified one (1) urine drug screen to include pain panel with THC and bars; and one (1) prescription of Buspar 10 mg, based on Chronic Pain Medical Treatment guidelines. On January 20, 2015, DWC provided a determination that the psychology referral for spinal cord stimulator clearance; urine drug screen to include pain panel with THC and bars; and one (1) prescription of Buspar 10 mg is ineligible for IMR, however the remainder of the request for authorization is eligible for IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator Trial to Include 2 Implant Neuroelectrodes, 1 Analysis of Neurostimulator, and 16 Implantable Neurostimulator Electrodes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulation Psychological treatment Page(s): 105-107,101-102.

Decision rationale: The patient presents with low back pain rated 2-10/10, that radiates to the bilateral lower extremities. The request is for 1 SPINAL CORD STIMULATOR TRIAL TO INCLUDE 2 IMPLANT NEUROELECTRODES, 1 ANALYSIS OF NEUROSTIMULATOR, AND 16 IMPLANTABLE NEUROSTIMULATOR ELECTRODES. Patient is status post lumbar fusion L5-S1 11/03/03. Patient "has been on a variety of medications including Norco with tolerance problems," and did not work for him, however "patient is continued on Gabapentin and Indocin." Treater requests psychology referral for spinal cord stimulator clearance. Urine toxicology reports dated 06/17/14, 07/08/14, and 08/06/14 showed patient is compliant with prescribed medications. Patient's medications include Norco, MS Contin, Indomethacin, Rhinocort, Gabapentin, Citalopram, Dicyclomine, and stool softener, per treater report dated 10/27/14. The patient is not working. The MTUS Guidelines pages 105 to 107 under spinal cord stimulation states, 'Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions, and following a successful temporary trial.' MTUS page 101 also recommends psychological evaluation prior to a spinal cord stimulation trial. Patient has had physical therapy and TENS with short-term relief. Patient has also had spinal injections which helped temporarily only for a few weeks, and trial of spinal cord stimulator was not successful, per treater report dated 10/27/14. The file does not contain any operative reports showing when the SCS trial was done but the treater states, "SCS trial failed" in progress reports 06/17/14, 07/08/14, 08/06/14, and 10/27/14. It is not known why the treater is asking for something that already failed. The request IS NOT medically necessary.

Gabapentin 600 MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS Page(s): 18-20.

Decision rationale: The patient presents with low back pain rated 2-10/10, that radiates to the bilateral lower extremities. The request is for 1 PRESCRIPTION OF GABAPENTIN 600MG #90- MODIFIED TO 1 PRESCRIPTION OF GABAPENTIN 600MG #60. Patient has had spinal injections which helped temporarily only for a few weeks, and trial of spinal cord stimulator was not successful, per treater report dated 10/27/14. Patient has had physical therapy and TENS with short term relief. Urine toxicology reports dated 06/17/14, 07/08/14, and 08/06/14 showed positive for Hydrocodone, which is in patient's medications. Patient's medications include Norco, MS Contin, Indomethacin, Rhinocort, Gabapentin, Citalopram, Dicyclomine, and stool softener, per treater report dated 10/27/14. The patient is not working. MTUS has the following regarding Gabapentin on pg 18,19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Patient "has been on a variety of medications including Norco with tolerance problems," and did not work for him, however "patient is continued on Gabapentin..." Given patient's radicular symptoms and diagnosis, the request appears reasonable. UR letter dated 12/11/14 states "... there is no documentation of neuropathic pain..." However, radicular symptoms indicate neuropathy, for which Gabapentin is indicated according to MTUS. Therefore, the request IS medically necessary.

Psychology Referral for Spinal Cord Stimulator Clearance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulation Psychological treatment Page(s): 105-107,101-102.

Decision rationale: The patient presents with low back pain rated 2-10/10, that radiates to the bilateral lower extremities. The request is for 1 PSYCHOLOGY REFERRAL FOR SPINAL CORD STIMULATOR CLEARANCE. Patient "has been on a variety of medications including Norco with tolerance problems," and did not work for him, however "patient is continued on Gabapentin and Indocin." Patient has had spinal injections which helped temporarily only for a few weeks, and trial of spinal cord stimulator was not successful, per treater report dated 10/27/14. Treater requests psychology referral for spinal cord stimulator clearance. Urine toxicology reports dated 06/17/14, 07/08/14, and 08/06/14 showed positive for Hydrocodone, which is in patient's medications. Patient's medications include Norco, MS Contin, Indomethacin, Rhinocort, Gabapentin, Citalopram, Dicyclomine, and stool softener, per treater report dated 10/27/14. Numerous medication to include BuSpar was added and Celexa decreased. The patient is not working. The MTUS Guidelines pages 105 to 107 under spinal cord stimulation states, 'Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions, and following a successful temporary trial.' MTUS page 101 also recommends psychological evaluation prior to a spinal cord stimulation trial. Patient has had physical therapy and TENS with short-term relief. Patient

has also had spinal injections which helped temporarily only for a few weeks, and trial of spinal cord stimulator was not successful, per treater report dated 10/27/14. The file does not contain any operative reports showing when the SCS trial was done but the treater states, "SCS trial failed" in progress reports 06/17/14, 07/08/14, 08/06/14, and 10/27/14. It is not known why the treater is asking for something that already failed. There is no need for psychological evaluation for something that already failed. The request IS NOT medically necessary.