

Case Number:	CM15-0009565		
Date Assigned:	01/27/2015	Date of Injury:	11/05/2002
Decision Date:	03/26/2015	UR Denial Date:	01/03/2015
Priority:	Standard	Application Received:	01/16/2015

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: California, Arizona

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 a 53-year-old female who reported an injury on 11/05/2002 due to an unspecified mechanism of injury. It was noted that she had undergone a placement of a spinal cord stimulator which was working very well. It was noted that her wounds were healing well and that there was redness but no obvious signs of infection. She continued to report dystonia type symptoms in her vocal cords making it very difficult to speak at times. She continued to receive benefit from her epidural leads but it was stated that the suboccipital leads were not working. She was noted to be taking Norco 10/325 mg 3 times a day, Ultracet 37.5/325 mg 3 times a day as needed, Prilosec 20 mg twice a day, Fioricet 1 daily as needed, Imitrex 100 mg 1 as needed, Xanax 0.5 mg 1 daily as needed, Zoloft 250 mg daily, and Restoril 15 mg 1 to 2 tablets at bedtime. A physical examination showed that she was alert, oriented, and in obvious distress secondary to her back and right rib pain. She moved slowly in and out of the office and ambulated with the use of a single point cane. Examination of the posterior cervical musculature revealed tenderness to palpation with increased muscle rigidity. There was also point tenderness along the suboccipital regions bilaterally and significant muscle rigidity along the cervical and thoracic paraspinal muscles. She had decreased range of motion in the cervical spine in all planes and motor strength was a 5/5 throughout the upper and lower extremities bilaterally. She had decreased grip strength bilaterally and sensation was decreased along the posterolateral arm and lateral forearm bilaterally in the approximate C5-6 distribution. She was diagnosed with cervical spine sprain and strain syndrome, cervicogenic headaches, cervical facet arthropathy, right total knee replacement with complications, medication induced gastritis, mid back chronic

pain, cervical spinal cord stimulator implant revision 08/05/2010, revision of cervical spinal cord stimulator in 07/2011, suboccipital SCFS placement on 07/10/2013 and revision on 11/13/2014. The treatment plan was for Prilosec 20 mg #60, Keflex #30, Ultracet 37.5/325 mg #90, and 1 spinal cord stimulator system programming.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Prilosec 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/GI Risks Page(s): 67-68.

Decision rationale: The California MTUS Guidelines indicate that proton pump inhibitors are recommended for the treatment of dyspepsia secondary to NSAID therapy and for those who are at high risk of gastrointestinal events. The documentation provided does not indicate that the injured worker had dyspepsia secondary to NSAID therapy or that she was at high risk of gastrointestinal events due to NSAID therapy. Also, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

1 Prescription of Keflex #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cephalexin (Keflex), Infectious Diseases.

Decision rationale: The Official Disability Guidelines recommend Keflex for the treatment of cellulitis and other infectious disease conditions. The clinical documentation submitted for review indicated that the injured worker did not have any signs or symptoms of infection. Therefore, the requested Keflex would not be medically necessary. Also, the frequency and dosage of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

1 Prescription of Ultracet 37.5/325mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. The documentation provided does indicate that the injured worker was receiving adequate pain relief with the use of her medications. However, no official urine drug screens or CURES reports were provided for review to validate that she has been compliant with her medication regimen. Also, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

1 spinal cord stimulator system programming: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 38.

Decision rationale: The California MTUS Guidelines recommend that spinal cord stimulators are used in the treatment of failed back surgery syndrome or for CRPS. The documentation provided indicates that the injured worker had a spinal cord stimulator placement and was receiving good relief but that her suboccipital leads were not working. While a reprogramming is considered, there is a lack of documentation indicating when the injured worker had last had her spinal cord stimulator programmed. Also, there is a lack of documentation indicating that she has had an objective improvement in function with the use of the spinal cord stimulator. Without this information, the reprogramming would not be supported. As such, the request is not medically necessary.