

<b>Case Number:</b>	CM15-0015367		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	07/10/2012
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: 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 injured worker is a 50- year old female, who sustained an industrial injury on July 10, 2012. She has reported a six foot ladder she was standing on collapsed causing her to fall forward and landing on top of the ladder with hyperextending of her back and injuring her right and left arms and a fracture of the right wrist. The diagnoses have included HNP lumbar with radiculopathy, lumbosacral plexopathy, muscular wasting on the lower extremities, and intervertebral disc disorder with myelopathy, lumbosacral plexus lesions and enthesopathy of the elbow. Treatment to date has included pain medication to include oral medication and topical application, physical therapy with a home exercise program, a neurology consultation, a psychiatric consultation, steroid injections and regular follow up. Currently, the IW complains of permanent left leg weakness and left foot drop. Ambulation outside of the home requires a rolling walker because the left leg has a tendency to give out. Physical exam was remarkable for motor weakness in the left leg reduced sharp sensory in the left great toe, second and third toes and lumbar tenderness. On December 30, 10`4, the Utilization Review decision non-certified a request for a spinal cord stimulator trial referral, a psychiatric evaluation, an orthopedic mattress, a prescription for Norco 10/325mg 180-count and Soma 350mg 60-count. The decision noted the spinal cord stimulator trial had previously been approved but then in a QME the physician felt the worker needed an neurology consultation prior to this happening. The psychiatric evaluation was non-covered since it was for the purpose of clearance for the spinal cord stimulator trial. The orthopedic mattress was non-certified as the mattress is considered an item of comfort or convenience and does not constitute medical treatment. The Norco was partially certified to allow for weaning of the

medication since the worker had been on this medication long term and the documentation did not show increased function, reduction of pain or return to work. The Soma was modified to allow for the weaning of the medication since the worker had been on the medication long-term and the medication is indicated for short-term use. The MTUS Chronic Pain Medical Treatment Guidelines and the ODG Spinal Cord Stimulator Guidelines was cited. On January 27, 2014, the injured worker submitted an application for IMR for review of a spinal cord stimulator trial referral, a psychiatric evaluation, an orthopedic mattress, a prescription for Norco 10/325mg 180-count and Soma 350mg 60-count.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Referral for SCS trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101, 106-107. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

**Decision rationale:** The California 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. Official Disability Guidelines 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. The medical records indicated that there was need for psychological and neurologic assessment prior to a trial of spinal cord stimulator. A trial of spinal cord stimulator is not medically indicated at this time as there are substantial psychological concerns. This request is not medically necessary.

**Psychiatric evaluation for SCS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101, 106-107. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

**Decision rationale:** The California MTUS and Official Disability Guidelines recommend psychiatric assessment prior to trial of spinal cord stimulator. The medical records in this case also indicate a strong recommendation for psychiatric assessment prior to such a trial. Psychiatric evaluation for spinal cord stimulator is medically indicated. This request is medically necessary.

**Orthopedic mattress:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Pain

**Decision rationale:** The California MTUS guidelines are silent on the topic of mattress selection. The Official Disability Guidelines section on the low back states that there are no high quality studies to support the purchase of any specialized mattress or bedding for treatment of low back pain. The purchase of an orthopedic mattress is not medically necessary.

**Norco 10/325mg #180:** Upheld

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

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

**Decision rationale:** The California 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. This request is not medically necessary.

**Retrospective: Soma 350mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The California 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 request is not medically necessary.