

Case Number:	CM15-0018492		
Date Assigned:	02/06/2015	Date of Injury:	06/17/2002
Decision Date:	03/26/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/30/2015

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic neck pain reportedly associated with an industrial injury of June 17, 2002. In a Utilization Review Report dated December 3, 2014, the claims administrator partially approved a request for Avinza, denied a request for Norco, and failed to approve request for spinal cord stimulator. A December 23, 2014, progress note was referenced in the determination. The claims administrator stated that the attending provider was proposing the spinal cord stimulator for degenerative disk disease, suggesting that the applicant had not had prior spine surgery. The applicant's attorney subsequently appealed. In a January 23, 2015, progress note, the applicant reported ongoing complaints of neck pain, 5 to 6/10, exacerbated by bending, twisting, turning and any kind of activity. The applicant was on Medrol, Flexeril, Avinza, and Norco. The applicant was off of work, receiving both Disability Insurance and Worker's Compensation Indemnity Benefits. The applicant is still smoking everyday. The attending provider stated that the applicant's ability to do her own laundry was ameliorated as a result of her medications and suggested continuing the same. Avinza and Norco were both renewed. The applicant was given primary diagnosis of cervical degenerative disease and cervical radiculopathy. On December 27, 2014, the applicant was again described as off of work, on disability. Avinza and Norco were endorsed. Spinal cord stimulator was also proposed. There was no mention of the applicant having had a precursor psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Avinza 30mg #35: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine sulfate, Morphine sulfate ER, CR.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.

Decision rationale: 1. No, the request for Avinza, a long acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of the opioid therapy include evidence of successful return to work, improved functioning and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work, despite ongoing Avinza usage. The applicant was using both Worker's Compensation Indemnity Benefits and Disability Insurance Benefits, the treating provider acknowledged in progress note of January 2015 and December 2014, referenced above. The attending provider failed to outline any meaningful or material improvements in function effected as a result of ongoing Avinza usage. The attending provider's commentary to the fact that the applicant's ability to do her laundry was ameliorated as a result of the medication consumption, does not, in and of itself, constitute evidence of a meaningful or material improvement in function effected as a result of the same. Therefore, the request is not medically necessary.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.

Decision rationale: 2. Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work. The applicant was receiving both Worker's Compensation Indemnity Benefits and Disability Insurance Benefits, the treating provider acknowledged in progress note of January 2015 and December 2014, referenced above. The attending provider failed to outline any meaningful or material improvements in function effected as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.

1 dorsal column stimulator trial with 2 16-electrode leads: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Dorsal Column Stimulator: Implantable spinal cord stimulators.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulator).

Decision rationale: Finally, the request for a spinal cord stimulator trial was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 101 of the MTUS Chronic Pain Medical Treatment Guidelines, a precursor psychological evaluation is recommended prior to a spinal cord stimulator trial. Here, however, there was no mention of the applicant having received a precursor psychological evaluation before the spinal cord stimulator trial was proposed. It is further noted that page 107 of the MTUS Chronic Pain Medical Treatment Guidelines notes that indicators for stimulator implantation include failed back syndrome, complex regional syndrome, post-amputation pain, post herpetic neurologia, spinal cord injury dysesthesias, pain associated with multiple sclerosis and/or peripheral vascular disease. Here, the attending provider did not clearly state, which qualifying diagnosis the applicant possessed. There was no mention of the applicant having had prior spine surgery and/or obtaining a diagnosis of failed back surgery, for instance. Therefore, the request was not medically necessary.