

Case Number:	CM15-0117117		
Date Assigned:	06/25/2015	Date of Injury:	08/13/1985
Decision Date:	09/15/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/18/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 62 year old female who sustained an industrial injury on 8/13/85. Progress note dated 6/2/15 reports complaints of chronic pain in back, legs and neck. The pain has worsened in her back and legs since the last visit. The pain is described as burning, sharp, throbbing, stabbing, gnawing, annoying, tiring, shooting, dull ache, cramping, punishing, cruel and exhausting. The pain is reported as 5/10. Pain medication provides moderate control. She walks with a cane. Diagnoses include degenerative lumbar/lumbosacral disc, unspecified thoracic/lumbar neuritis/radiculopathy, post laminectomy syndrome cervical, chronic pain syndrome, depressive disorder and history of falls. Plan of care includes: spinal cord simulator trial, psychological clearance for spinal cord simulator trial and refill medications including dilaudid, flexeril, and opana. Return to clinic in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78-79.

Decision rationale: The patient is a 62 year old female with an injury on 08/13/1985. She has chronic leg pain, neck pain and back pain. She had post laminectomy syndrome and degenerative disc disease. She ambulates with a cane. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The request is not medically necessary.

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle relaxants (for pain) Page(s): 41, 63-64.

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

Decision rationale: The patient is a 62 year old female with an injury on 08/13/1985. She has chronic leg pain, neck pain and back pain. She had post laminectomy syndrome and degenerative disc disease. She ambulates with a cane. MTUS, chronic pain guidelines note that muscle relaxants decrease both mental and physical ability. Also, the addition of muscle relaxants to patients already treated with NSAIDS do not improve pain relief. Long term treatment with muscle relaxants is not consistent with MTUS guidelines and the requested medication is not medically necessary.

Opana ER 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 77-78.

Decision rationale: The patient is a 62 year old female with an injury on 08/13/1985. She has chronic leg pain, neck pain and back pain. She had post laminectomy syndrome and degenerative disc disease. She ambulates with a cane. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The request is not medically necessary.

Psychological clearance for spinal cord stimulator trial: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 307.

Decision rationale: The patient is a 62 year old female with an injury on 08/13/1985. She has chronic leg pain, neck pain and back pain. She had post laminectomy syndrome and degenerative disc disease. She ambulates with a cane. The patient has failed decades of treatment (surgical and non-surgical) and a spinal cord stimulator trial is consistent with MTUS, ACOEM guidelines. Psychological clearance prior to a trial is indicated. The request is medically necessary.

Spinal cord stimulator trial under fluoroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Spinal cord stimulators Page(s): 105.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 307.

Decision rationale: The patient is a 62 year old female with an injury on 08/13/1985. She has chronic leg pain, neck pain and back pain. She had post laminectomy syndrome and degenerative disc disease. She ambulates with a cane. The patient has failed decades of treatment (surgical and non-surgical) and meets MTUS, ACOEM guidelines for a trial of a spinal cord stimulator. The request is medically necessary.