MAXIMUS Federal Services

Case Number:	CM15-0177548		
Date Assigned:	09/18/2015	Date of Injury:	03/31/2003
Decision Date:	10/22/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/09/2015

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
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 52-year-old female, who sustained an industrial injury on March 31, 2003. She reported an injury to her left hand, left wrist and neck in a fall. She was diagnosed with reflex sympathetic dystrophy of the left upper extremity. The injured worker was evaluated on August 20, 2015. She reported that "three years ago, spinal cord stimulator went out on her and stopped working." She is concerned because this is the only device which has assisted with her pain. The current in the device is not at the appropriate circuitry and "they recommend explant of the device." The injured worker complained of neck pain "when the SCS gave out on her." She reported that the neck pain feels worse and the reflex sympathetic dystrophy is "now spreading to her right upper extremity." She was using Percocet 10-325 mg 5 tablets per day and Tramadol 50 mg 2 tablets per day but reported that the pain was still severe, chronic and persistent with some relief. She reported that with the help of medications, she can get out of bed and is able to complete her activities of daily living with some help from her daughter. She described the pain in her neck and upper extremities as sharp, burning, aching and tingling with radiation of numbness to the tip of her hands. She had a burning sensation of the right hand which was aggravated by stress, sitting up or just moving her neck. Her symptoms were relieved by lying down, medications, and the spinal cord stimulator. Her main concern at the time of evaluation was the spinal cord stimulator. Current medications include Percocet 10-325 mg one by mouth every four to six hours, Tramadol 50 mg one by mouth every eight hours, Ativan 2 mg one by mouth every eight hours, and Atenolol 50 mg one by mouth at the hour of sleep. On physical examination the injured worker's neck was supple without lymphadenopathy. She had 5-5 weakness in the left hand with no edema, no erythema and no color changes. She had moderate to severe tenderness on palpation and a decreased range of motion in the bilateral hands. She had

tenderness to palpation of the cervical spine and a decreased range of motion in all planes. Spurling's sign was positive bilaterally and Hoffmann's sign was negative. The injured worker did not allow strength testing of the right arm and guarded that arm. She had 5-5 strength in left upper extremity and sensation was decreased in the upper extremities. She had no clonus or increased tone. Treatment to date has included ganglion blocks which did not help cervical laminectomy for the placement of the leads which helped with neck pain, physical therapy and aqua-therapy which helped 80-100% and she was able to increase her range of motion and allow her to be stay independent, Percocet 10-325 mg, and Tramadol 50 mg. A spinal cord stimulator helped tremendously, more than 80% and she was able to perform her activities of daily living such as eating, brushing her hair, grooming and hygiene. A request for authorization for 1 prescription of Duragesic patches 25 mcg-hr #5 between 8-20-2015 and 10-26-2015 and for 1 replacement of SCS between 8-20-2015 and 10-26-2015 was received on August 26, 2015. On August 31, 2015, the Utilization Review physician determined that 1 prescription of Duragesic patches 25 mcg-hr #5 between 8-20-2015 and 10-26-2015 and for 1 replacement of SCS between 8-20-2015 and 10-26-2015 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Duragesic patches 25mcg/hr #5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The California chronic pain medical treatment guidelines section on opioids states for ongoing management: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain dairy that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g)

Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. When to Continue Opioids; (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities. The work status is not mentioned. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

1 Replacement of Spinal cord simulators (SCS): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS).

Decision rationale: The California MTUS section on spinal cord stimulators states: Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. Although there is limited evidence in favor of Spinal Cord Stimulators (SCS) for Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. (Mailis-Gagnon-Cochrane, 2004) The patient has documented previous SCS therapy with improved function and pain control and objective improvements. Therefore, the request is medically necessary.