

<b>Case Number:</b>	CM15-0067404		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	11/12/1999
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: California

Certification(s)/Specialty: Emergency 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 injured worker is a 63 year old female, who sustained an industrial injury on 11/12/1999. She has reported subsequent low back pain and was diagnosed with sacroilitis, lumbar facet arthropathy and chronic intractable neuropathic lumbosacral pain syndrome. Treatment to date has included oral pain medication, corticosteroid injection, medial branch block, physical therapy and a home exercise program. In a progress note dated 02/10/2015, the injured worker complained of low back pain. Objective findings were notable for tenderness over the midline lower lumbar spine with palpable trigger points in the left lumbar paraspinals and pain with walking on heels and toes. A request for authorization of Norco, spinal cord stimulator trial, consultation with an internist for medical clearance for spinal cord stimulator trial and urine drug screen was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 MG #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82.

**Decision rationale:** The requested Norco 10/325 MG #240, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain. Objective findings were notable for tenderness over the midline lower lumbar spine with palpable trigger points in the left lumbar paraspinals and pain with walking on heels and toes. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325 MG #240 is not medically necessary.

**Consultation with An Internist (Medical Clearance for SCS Trial):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulators (SCS), Pages 105-107 and psychological evaluations, Page 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Spinal Cord Stimulators (SCS) and Official Disability Guidelines - Pain (Chronic), Spinal Cord Stimulators, Psychological Evaluation.

**Decision rationale:** The requested Spinal Cord Stimulator Trial , is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, spinal cord stimulators (SCS), Pages 105-107 and psychological evaluations, Page 100-101; and Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Spinal Cord Stimulators (SCS) and Official Disability Guidelines- Pain (Chronic), Spinal Cord Stimulators, Psychological Evaluation note that spinal cord stimulators are "Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated; and Spinal cord stimulators (SCS) should be offered only after careful counseling and patient identification and should be used in conjunction with comprehensive multidisciplinary medical management; and indications for stimulator implantation: 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." The injured worker has low back pain. Objective findings were notable for

tenderness over the midline lower lumbar spine with palpable trigger points in the left lumbar paraspinals and pain with walking on heels and toes. The treating physician has not documented physical exam confirmation of radicular pain such as a positive straight leg raising test, nor evidence of failed back surgery. The criteria noted above not having been met, Spinal Cord Stimulator Trial is not medically necessary.

**Spinal Cord Stimulator Trial: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulators (SCS), Pages 105-107 and psychological evaluations, Page 100-101 Page(s): 100-101, 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Spinal Cord Stimulators (SCS) and Official Disability Guidelines - Pain (Chronic), Spinal Cord Stimulators, Psychological Evaluation.

**Decision rationale:** The requested Spinal Cord Stimulator Trial, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, spinal cord stimulators (SCS), Pages 105-107 and psychological evaluations, Page 100-101; and Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Spinal Cord Stimulators (SCS) and Official Disability Guidelines- Pain(Chronic), Spinal Cord Stimulators, Psychological Evaluation note that spinal cord stimulators are “Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated.” And “Spinal cord stimulators (SCS) should be offered only after careful counseling and patient identification and should be used in conjunction with comprehensive multidisciplinary medical management.” And “Indications for stimulator implantation: 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.” The injured worker has low back pain. Objective findings were notable for tenderness over the midline lower lumbar spine with palpable trigger points in the left lumbar paraspinals and pain with walking on heels and toes. The treating physician has not documented physical exam confirmation of radicular pain such as a positive straight leg raising test, nor evidence of failed back surgery. The criteria noted above not having been met, Spinal Cord Stimulator Trial is not medically necessary.

**Urine Drug Screen: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 43, Drug testing.

**Decision rationale:** The requested Urine Drug Screen, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, Drug testing, recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has low back pain. Objective findings were notable for tenderness over the midline lower lumbar spine with palpable trigger points in the left lumbar paraspinals and pain with walking on heels and toes. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months nor what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There are also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Urine Drug Screen is not medically necessary.