

<b>Case Number:</b>	CM15-0071666		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	05/30/2011
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: 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 injured worker is a 68 year old male, who sustained an industrial injury on May 30, 2011. He reported struck by a truck across his body predominately on the right side. Initially a nerve conduction study was performed and treatment included a pain injection and crutches. The injured worker was diagnosed as having lumbar intervertebral disc displacement and brachial neuritis or radiculitis not otherwise specified. Diagnostics to date has included MRIs and plethysmography. Treatment to date has included activity modifications, physical therapy, urine drug screening, a non-steroidal anti-inflammatory injection, lumbar epidural steroid injections, and oral opioid, oral non-steroidal anti-inflammatory, topical non-steroidal anti-inflammatory and anti-epilepsy medications. On March 10, 2015, the treating physician noted the injured worker had continued lower back pain radiating into the legs. The injured worker had good circulation in the legs and neurogenic claudication. He was unable to take two anti-epilepsy medications due to side effects. The injured worker was not working. The treatment plan includes request for pain management consultation and treatment with possible spinal cord stimulator insertion and opioid medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One pain management consultation and treatment with possible spinal cord stimulator:**  
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) section Page(s): 105-107.

**Decision rationale:** The MTUS Guidelines recommend the use of spinal cord stimulator only after careful counseling and should be used in conjunction with comprehensive multidisciplinary medical management. It is recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. The indications for stimulator implantation include 1) failed back syndrome 2) complex regional pain syndrome or reflex sympathetic dystrophy 3) post amputation pain 4) post herpetic neuralgia 5) spinal cord injury dysesthesias 6) pain associated with multiple sclerosis 7) peripheral vascular disease. SCS is a reasonably effective therapy for many patients suffering from neuropathic pain for which there is no alternative therapy. The National Institute for Health and Clinical Excellence (NICE) of the UK just completed their Final Appraisal Determination (FAD) of the medical evidence on spinal cord stimulation (SCS), concluding that SCS is recommended as a treatment option for adults with chronic neuropathic pain lasting at least 6 months despite appropriate conventional medical management, and who have had a successful trial of stimulation. Recommended conditions include failed back surgery syndrome (FBSS) and complex regional pain syndrome (CRPS). Medical necessity for a spinal cord stimulator has not been established within the recommendations of the MTUS Guidelines. The request for one pain management consultation and treatment with possible spinal cord stimulator is determined to not be medically necessary.

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Opioid Management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Weaning of Medications Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. There is no objective evidence to show that the patient has had any improvement in function or pain. Additionally, the patient has not returned to work. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment,

but to continue treatment. The request for Norco 10/325mg #90 is determined to not be medically necessary.