MAXIMUS Federal Services

Case Number:	CM15-0072261		
Date Assigned:	04/22/2015	Date of Injury:	06/20/2006
Decision Date:	05/22/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/15/2015

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: Physical Medicine & Rehabilitation

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 53 year old female, who sustained an industrial injury on 06/20/2006. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having chronic pain syndrome, cervicalgia, drug dependence not otherwise specified unspecified, other pain disorder related to psychological factors, post laminectomy syndrome of the lumbar region. Treatment to date has included medication regimen and laboratory studies. In a progress note dated 03/13/2015 the treating physician reports complaints of lumbar pain, cervical radiculopathy, shoulder pain with the left greater than the right, and headaches. The pain is rated an eight out of ten. The treating physician requested Opana 10mg tablets one twice a day with a quantity of 60 with the treating physician noting that this medication will possibly relieve her chronic, intractable pain and increase her level of daily function. The treating physician also requested a spinal cord stimulator trial, but the documentation provided did not indicate the reason for this requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

SCS Tiral: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulation, Psychological evaluation Page(s): 105-107, 100-101.

Decision rationale: The patient presents on 03/13/15 with neck and shoulder pain rated 8/10 (left greater than right) with associated headaches 2-3 times a week. The patient also complains of unrated lower back pain. The patient's date of injury is 06/20/06. Patient is status post lumbar laminectomy at levels and date unspecified. The request is for SCS TRIAL. The RFA is dated 03/18/15. Physical examination dated 03/13/15 reveals tenderness to palpation of the cervical paraspinal and trapezius muscles bilaterally, and positive Spurling's maneuver bilaterally. The examining provider also notes that this patient ambulates with an antalgic gait. The patient is currently prescribed Sumatriptan, Advil, Hydromorphone, Dilaudid, Metoprolol, and Prozac. Diagnostic imaging was not included. Patient is currently not working. MTUS Chronic Pain Treatment Guidelines page 105 to 107, Under spinal cord stimulation, states, "Recommended only for selected patients in cases when less invasive procedures have failed or contradicted for specific conditions and following a successful temporary trial." Indications for stimulator implantation are failed back syndrome, CRPS, post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesia, pain associated with multiple sclerosis and peripheral vascular disease. MTUS page 101 also requires psychological evaluation prior to spinal cord stimulator trial." Regarding the request for a spinal cord stimulator trial, the records do not include evidence of the required psychological consultation. Progress note dated 03/13/15 includes a discussion of a computerized psychological screening performed at the point of care. The screening test did provide diagnoses of chronic pain syndrome, and pain disorder related to psychological factors. Following this discussion is a request for a psychological consultation, though it is not clear in the records provided that this consultation was carried out. Given this patient's condition, namely post-laminectomy syndrome and the failure of conservative options to date, a spinal cord stimulator trial may be appropriate. However, without documentation that the required psychological evaluation is complete, the spinal cord stimulator trial cannot be initiated. Therefore, the request IS NOT medically necessary.

Opana 10mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents on 03/13/15 with neck and shoulder pain rated 8/10 (left greater than right) with associated headaches 2-3 times a week. The patient also complains of unrated lower back pain. The patient's date of injury is 06/20/06. Patient is status post lumbar laminectomy at levels and date unspecified. The request is for OPANA 10MG #60. The RFA is dated 03/18/15. Physical examination dated 03/13/15 reveals tenderness to palpation of the cervical paraspinal and trapezius muscles bilaterally, and positive Spurling's maneuver

bilaterally. The examining provider also notes that this patient ambulates with an antalgic gait. The patient is currently prescribed Sumatriptan, Advil, Hydromorphone, Dilaudid, Metoprolol, and Prozac. Diagnostic imaging was not included. Patient is currently not working. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p. 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." In regard to the request of Opana for the management of this patient's chronic pain, the provider has not given adequate documentation of pain reduction and functional improvement. This appears to be the initiating prescription of this medication, as progress note dated 03/13/15 is the first mention of Opana utilization. Regarding 4 A's documentation for this patient's other opiate medications, the same progress note states: "Current regimen is helping her; Pt reports stable functionality; No aberrant drug-related behaviors unless otherwise noted." Such vague documentation does not satisfy MTUS requirements of pain reduction using a validated scale, and activity-specific functional improvements. Furthermore, there is no discussion of consistent urine drug screens to date and no urine toxicology reports were provided for review. Owing to a lack of 4A's documentation as required by MTUS, the request IS NOT medically necessary.