

Case Number:	CM15-0077479		
Date Assigned:	04/28/2015	Date of Injury:	10/11/2012
Decision Date:	05/28/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/22/2015

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: Massachusetts
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 54-year-old female who sustained an industrial injury on 10/11/12. The injured worker reported symptoms in the back. The injured worker was diagnosed as having lumbar radiculopathy, lumbar facet syndrome and spinal/lumbar degenerative disc disease. Treatments to date have included injections, non-steroidal anti-inflammatory drugs, oral pain medication, chiropractic treatments, and physical therapy. Currently, the injured worker complains of back pain with radiation to the lower extremities. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

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), Low Back Chapter, Pain, Spinal cord stimulators (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 107.

Decision rationale: According to the MTUS, Indications for stimulator implantation include: Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), more helpful for lower extremity than low back pain, although both stand to benefit, 40-60% success rate 5 years after surgery. It works best for neuropathic pain. Neurostimulation is generally considered to be ineffective in treating nociceptive pain. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar. Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), 70- 90% success rate, at 14 to 41 months after surgery. (Note: This is a controversial diagnosis.) Post amputation pain (phantom limb pain), 68% success rate. Post herpetic neuralgia, 90% success rate. Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury) Pain associated with multiple sclerosis. Peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation), 80% success at avoiding the need for amputation when the initial. According to the documents available for review, injured worker has none of the MTUS / recommended indications for the use of a spinal cord stimulator. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established. The request IS NOT medically necessary.

Cyclobenzaprine 10mg #30 (Rx 03/31/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41-42.

Decision rationale: Accordingly to the MTUS, current treatment guidelines recommend this medication is an option for chronic pain using a short course of therapy. The effect of Flexeril is great is the first four days of treatment, suggesting a shorter course as many better. This medication is not recommended as an addition to other medications. Longer course of Flexeril also are not recommended to be for longer than 2 to 3 weeks as prolonged use me lead to dependence. According to the records, the injured worker has been taking his medication chronically. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. The request IS NOT medically necessary.