

Case Number:	CM14-0038104		
Date Assigned:	06/25/2014	Date of Injury:	04/13/2005
Decision Date:	07/25/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/01/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 58-year-old male with a 4/13/05 date of injury and status post lumbar decompression in September 2009. At the time (2/12/14) of request for authorization for Spinal Cord Stimulator (SCS) trial 21 x 8 leads, Psychological Evaluation of Spinal Cord Stimulator (SCS) trial, and Butrans Patch 20 mcg/hour # 4 with 3 refills, there is documentation of subjective (ongoing lower back pain radiating to the hips and bilateral lower extremities rated as a 7 out of 10) and objective (tenderness to palpation over the lumbar paravertebral muscles, tight muscle band and trigger points on both sides, and positive straight leg raising test bilaterally) findings, current diagnoses (ongoing low back and bilateral extremity pain with lumbar post-laminectomy syndrome), and treatment to date (Butrans patch since at least 1/29/14 with decrease in pain levels and medication use, ongoing therapy with Suboxone, Oxycodone, and Oxycontin; injections, massage therapy, and activity modification). In addition, medical report identifies the patient is not a surgical candidate. Furthermore, 5/9/14 medical report identifies that the patient has chronic and severe pain that requires around the clock medication and that the patient experienced withdrawal symptoms and pain when he discontinued Butrans patch. Moreover, 6/2/14 medical report identifies that the patient is status post detoxification from opioids and is weaning off Suboxone. Regarding Spinal Cord Stimulator (SCS) trial 21 x 8 leads, there is no documentation of a psychological evaluation prior to a trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator (SCS) trial 21 x 8 leads: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Spinal cord stimulators, page(s) 105-107.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), primarily lower extremity pain, less invasive procedures have failed or are contraindicated, and a psychological evaluation prior to a trial, as criteria necessary to support the medical necessity of spinal cord stimulation in the management of failed back syndrome. Within the medical information available for review, there is documentation of diagnoses of ongoing low back and bilateral extremity pain with lumbar post-laminectomy syndrome. In addition, there is documentation of failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), primarily lower extremity pain, and less invasive procedures have failed. However, given documentation of an associated request for Psychological Evaluation of Spinal Cord Stimulator (SCS) trial, there is no documentation of a psychological evaluation prior to a trial. Therefore, based on guidelines and a review of the evidence, the request for Spinal Cord Stimulator (SCS) trial 21 x 8 leads is not medically necessary and appropriate.

Psychological Evaluation of Spinal Cord Stimulator (SCS) trial: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators), page(s) 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Spinal cord stimulators, Page 101.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), primarily lower extremity pain, and less invasive procedures have failed or are contraindicated, as criteria necessary to support the medical necessity of spinal cord stimulation in the management of failed back syndrome. Within the medical information available for review, there is documentation of diagnoses of ongoing low back and bilateral extremity pain with lumbar post-laminectomy syndrome. In addition, there is documentation of failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), primarily lower extremity pain, and less invasive procedures have failed. Therefore, based on guidelines and a review of the evidence, the request for Psychological Evaluation of Spinal Cord Stimulator (SCS) trial is medically necessary.

Butrans Patch 20 mcg/hour # 4 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/butrans-patch.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine. Decision based on Non-MTUS Citation Chronic Pain Chapter, Buprenorphine for chronic pain. Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS identifies Buprenorphine is recommended for treatment of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of chronic pain in selected patients with a hyperalgesic component to pain; Patients with centrally mediated pain; Patients with neuropathic pain; Patients at high-risk of non-adherence with standard opioid maintenance; and For analgesia in patients who have previously been detoxified from other high-dose opioids, as criteria necessary to support the medical necessity of Butrans patch. Within the medical information available for review, there is documentation of diagnoses of ongoing low back and bilateral extremity pain with lumbar post-laminectomy syndrome. In addition, there is documentation of chronic pain (after detoxification in patients who have a history of opiate addiction). Furthermore, there is documentation of a hyperalgesic component to pain; centrally mediated pain; high-risk of non-adherence with standard opioid maintenance; and has previously been detoxified from other high-dose opioids. Moreover, given documentation of ongoing treatment with Butrans patches since at least 1/29/14 with decrease in pain levels and medication use, there is documentation of functional benefit or improvement as a reduction in the use of medications as a result of use of Butrans patches. Therefore, based on guidelines and a review of the evidence, the request for Butrans Patch 20 mcg/hour # 4 with 3 refills is medically necessary and appropriate.