

Case Number:	CM13-0027810		
Date Assigned:	03/14/2014	Date of Injury:	02/02/2003
Decision Date:	05/08/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/20/2013

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 Orthopedic Surgery, 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:

This 58-year-old female retail sales manager sustained a low back injury on 2/2/03. A complete lumbar posterior discectomy with neuroforaminotomy and facetectomy, rigid bilateral fix with intradiscal cages and pedicle screw, intertransverse process fusion, allograft and autograft was performed on 12/5/09. The 7/30/13 treating physician report cited complaints of burning neck and right shoulder pain and grade 8/10 burning stabbing lumbar spine pain, tailbone pain, burning pain in the lower extremities, and bilateral foot numbness. Lumbar exam revealed limited range of motion with some paraspinal tightness, tenderness, and spasm. The diagnoses included cervical discopathy, lumbar spine discopathy, and status post lumbar fusion with positive retained painful hardware. The patient had recently completed breast chemotherapy and was cancer free. The patient reported that she could feel the lumbar hardware and it bothered her when sitting. The treatment plan requested lumbar spine hardware removal with possible graft enhancement and/or refusion or revision. This procedure was certified in utilization review on 9/9/13. Additional requests included: a one-time psychological clearance to make sure the patient is stable to go through surgery; a two-day hospital stay; a post-operative home evaluation by an RN; Zofran for post-operative nausea; Duricef as a home antibiotic for a very short period of time after surgery; gabaketolido cream for pain relief; Sentra PM for difficulty sleeping; and 8 post-operative physical therapy visits. The 9/9/13 utilization review decision documented agreement with the surgeon's physician assistant for non-certification of the psychological evaluation, Zofran, gabaketolido cream, and Sentra. Agreement was documented for partial certification of one-day hospital stay, on home health nursing evaluation in the hospital, Duricef for hospital use only, and 4 post-operative physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOLOGICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

Decision rationale: The California MTUS guidelines generally recommend psychological evaluation for select chronic pain patients, but are silent regarding pre-operative psychological clearance for this procedure. The Official Disability Guidelines recommend psychosocial screening prior to initial lumbar fusion, but do not recommend it for hardware removal. This request for a one-time psychological clearance was to make sure the patient was stable to go through the surgery. There is no documentation of specific somatic manifestations of emotional states or psychological problems. The utilization review of 9/3/13 documented that the surgeon's physician assistant agreed to non-certification and stated that the request for psychological clearance was an erroneous request and accidentally inserted in the request as a macro. Therefore, this request for psychological clearance is not medically necessary.

TWO DAY POST SURGICAL HOSPITAL STAY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Salerni AA. Minimally invasive removal or revision of lumbar spinal fixation. Spine J. 2004 Nov-Dec;4(6):701-5.

Decision rationale: The California MTUS, Official Disability Guidelines, and National Guideline Clearinghouse are silent regarding length of post-surgical hospital stays for lumbar hardware removal. Peer-reviewed literature indicates that hospital length of stay averages one day for removal or revision of lumbar spinal fixation. There is no compelling reason presented to support the medical necessity of an extra day. Therefore, this request for a two-day post-surgical hospital stay is not medically necessary.

ZOFRAN 8MG, 1 EVERY 8 HOURS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR.net

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice guidelines for post-anesthetic care: an updated

report by the American Society of Anesthesiologists Task Force on Postanesthetic Care. *Anesthesiology*. 2013 Feb;118(2):291-307

Decision rationale: The California MTUS and Official Disability Guidelines do not provide recommendations for anti-emetics for post-operative use. Practice guidelines for post-anesthetic care support the use of anti-emetics, such as Zofran, for patients when indicated but do not recommend routine pharmacologic prophylaxis of nausea and vomiting. There are no specific indications for the prophylactic prescription of anti-emetics for this patient. Therefore, this request for Zofran is not medically necessary.

GABAKETOLIDO 6% / 20% / 6.15% CREAM 120 GRAMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: The California MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines specifically do not recommend Gabapentin for topical use, or lidocaine for use in any topical formation other than as a dermal patch. Guidelines state that Ketoprofen is not FDA-approved for topical use given the extremely high incidence of photocontact dermatitis. Given the absence of guideline support for all components of this topical cream, the request is not medically necessary.

SENTRA PM: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The California MTUS guidelines do not provide recommendations for medical foods, such as Sentra PM. In general, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Sentra PM is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. The Official Disability Guidelines state that there is no known medical need for choline supplementation except for the case of long-term Final Determination Letter for IMR Case Number [REDACTED] parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. Glutamic acid is used for digestive disorders, and 5-hydroxytryptophan has been found to be possibly effective in treatment of sleep disorders. Guidelines do not support all of the individual components of Sentra PM for conditions such as this patient's. Additionally, there is no current documentation of sleep dysfunction to support the medical necessity of insomnia treatment. Therefore, this request is not medically necessary.

POST OPERATIVE HOME HEALTH NURSING EVALUATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

Decision rationale: The California MTUS recommends home health services only for otherwise recommended medical treatment for patients who are homebound. A home health nursing evaluation conducted in the hospital was certified prior to this utilization review decision. There is no compelling reason presented to support the medical necessity of any additional evaluation. Therefore, this request is not medically necessary.

8 POSTOPERATIVE PHYSICAL THERAPY VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The California Postsurgical Treatment Guidelines and the Official Disability Guidelines do not provide recommendations for postoperative physical therapy for lumbar hardware removal. The patient has previously undergone lumbar postsurgical rehabilitation and an appropriate home exercise education. A prior utilization review documented certification for four postoperative visits. There is no functional treatment goal outlined to support the medical necessity of this current request. There is no compelling reason presented to support the medical necessity of any additional physical therapy. Therefore, this request is not medically necessary.

DURICEF: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR.net

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Working Group of the Clinical Practice Guideline for the Patient Safety at Surgery Settings. Clinical practice guideline for the patient safety at surgery settings. (AIAQS); 2010. 191

Decision rationale: The California MTUS and Official Disability Guidelines do not address the use of prophylactic antibiotics in the perioperative course or postoperative course. Clinical practice guidelines indicate that a single standard dose is sufficient for prophylaxis in most circumstances, except if surgery lasts longer than four hours, or if loss of blood exceeds 1500 cc.

A previous utilization review documented certification of perioperative Duricef. There is no compelling reason to support the medical necessity of antibiotic therapy beyond the perioperative period. Therefore, this request is not medically necessary.