

Case Number:	CM14-0102528		
Date Assigned:	07/30/2014	Date of Injury:	03/12/2001
Decision Date:	09/15/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	07/02/2014

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 Orthopaedic 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 55-year-old female sustained an industrial injury on 3/12/01. The mechanism of injury was not documented. The patient was status post lumbar laminectomy in 2004 and records documented prior recommendation for L3/4 and L4/5 transforaminal fusion with L3 through S1 laminectomy. The 10/8/13 lumbar spine MRI impression documented findings suggestive of a right laminotomy defect at L5/S1 with multilevel discogenic disease, most prominent of L4/5. There was moderate central stenosis at L4/5 with moderate right and mild left lateral recess and neuroforaminal narrowing. There were posterior annular fissures at L4/5 and L5/S1. The 5/14/14 treating physician progress report cited constant grade 9/10 low back pain radiating to the bilateral lower extremities, grade 7/10 cervical pain radiating to the left upper extremity in a C5/6 and C6/7 distribution, and grade 10/10 bilateral knee pain. There was occasional right shoulder pain. New onset of posterior right leg muscle spasms was noted. Cervical and lumbar symptoms were worsening. The patient was working full duty. The patient was taking 2 to 3 Norco per day with current 2/10 VAS pain reduction and tablet of Ambien at night but it caused daytime drowsiness. Cervical exam findings documented limited range of motion and positive shoulder depression, Spurling's, and cervical compression tests. There was decreased C8 myotomal strength and dermatomal sensation. Lumbar exam documented limited range of motion, positive bilateral mechanical signs, and positive straight leg raise on the right. The diagnosis included cervical disc herniation with radiculitis. The treatment plan recommended surgical consults for the cervical and lumbar spine as indicated treatment was not being authorized. Norco and Ambien were prescribed to control symptoms and restore function so that she could perform activities of daily living and work. The 5/30/14 utilization review denied the requests for lumbar and cervical spine surgical consultation as there was no documentation of red flags, demonstration of surgical lesions, or failure of conservative treatment. The request for

Norco #120 was modified to #60 as there was no evidence of specific pain reduction or functional benefit. The request for Ambien #30 was modified to #15 to initiate taper as long-term use is not recommended. Records indicated that Norco had provided the best pain relief in the past with functional benefit. Ambien was initially prescribed on 4/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second opinion surgical spine consultation regarding lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 202.

Decision rationale: The ACOEM revised low back guidelines state that referral for surgical consultation is indicated for patients who have met specific criteria. Referral is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. There should be activity limitations due to radiating leg pain for more than 4 to 6 weeks. Guidelines require clear clinical, imaging, and electrophysiologic evidence of a lesion that has shown to benefit in the short and long term from surgical repair. Failure of time and an adequate trial of conservative treatment to resolve disabling radicular symptoms must be documented. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Activity limitations are not documented. Therefore, this request for a second opinion surgical spine consultation regarding the lumbar spine is not medically necessary.

Surgical spine consultation regarding cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

Decision rationale: The California MTUS guidelines state that referral for surgical consultation for the cervical spine is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms with activity limitation for more than one month or with extreme progression of symptoms. Guidelines require documented failure of conservative treatment to resolve radicular symptoms and clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Imaging findings are not documented. There is no evidence of activity

limitations. Therefore, this request for surgical spine consultation regarding the cervical spine is not medically necessary.

Retrospective Norco 7.5/325#120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Opioids, specific drug list, page(s) 76-80, 91 Page(s): 76-80, 91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of Norco for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have been met. Records document pain reduction of VAS 2-4/10 with the use of Norco. Norco reportedly provided the best historical pain reduction. Functional benefit is suggested by the patient's ability to remain at full duty work. There are no documented side effects. Urine drug screens are consistent. The patient is taking 2 to 3 tablets per day which is within the recommended morphine daily equivalents. The 5/30/14 utilization review modified the request for Norco 7.5/325 mg #120 to #60. The additional #60 is reasonable given the apparent functional benefit. Therefore, this retrospective request for Norco 7.5/325 mg #120 is medically necessary.

Retrospective Ambien 5 mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Zolpidem (Ambien®).

Decision rationale: The California Medical Treatment Utilization Schedule does not make recommendations relative to zolpidem or insomnia treatment. The Official Disability Guidelines recommend the use of zolpidem as first-line medication for the short term (two to six week) treatment of insomnia. Ambien was initially prescribed on 4/7/14 for sleep difficulties secondary to chronic lumbar spine pain. The patient was having difficulty falling and staying asleep. The patient was using tablet at night but it was causing daytime drowsiness. The 5/30/14 utilization review modified the request for Ambien 5 mg #30 to #15. There is no compelling reason to support the medical necessity of additional Ambien given the lack for guideline support for use beyond 2 to 6 weeks and the reported daytime drowsiness. Therefore, this retrospective request for Ambien 5 mg #30 is not medically necessary.

