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| Case Number: | CM14-0108647 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 04/07/2011 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 06/18/2014 |
| Priority: | Standard | Application Received: | 07/14/2014 |

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 Orthopedic Surgery and is licensed to practice in Texas. 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:

The injured worker is a 34-year-old female who reported an injury on 04/07/2011. The mechanism of injury was cumulative trauma. Prior treatments included medications, work and activity modifications, and therapy. The medications included Percocet, Soma, Norco, Ambien, and Topamax. The documentation indicated the injured worker underwent an MRI of the cervical spine in 12/2013. The documentation of 05/16/2014 revealed the injured worker had pain in the neck, left elbow, and low back. The diagnoses included status post anterior cervical discectomy and fusion, 05/04/2013, and C6-7 disc herniation with cervical radiculopathy pseudoarthrosis. The treatment plan included a C6-7 anterior cervical discectomy and fusion revision with plate exchange and iliac crest bone graft. The documentation indicated prior treatments included trial of rest, time off work, physical, and medications. The prior treatments included a pre-approval for DME and postoperative medication and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duracet - Unspecified dosage and amount: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Infectious Diseases (updated 02/21/14): Cefadroxil (Duricef).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) do not address the issue Other Medical Treatment Guideline or Medical Evidence:<http://www.drugs.com/search.php?searchterm=duracef>.

Decision rationale: Per drugs.com, Duracef is not available in the United States. The request as submitted failed to indicate the exact name of the medication. Duracef is an antibiotic. There was no dose, duration, or amount of medication being requested. Given the above, the request for Duracet - Unspecified dosage and amount is not medically necessary.

Sprix Nasal Spray 15.75mg, 40 Units (5 bottles): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 06/10/14): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Sprix.

Decision rationale: The California MTUS/ACOEM Guidelines do not specifically address Sprix nasal spray. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that Sprix is for the short term management of moderate to moderately severe pain requiring analgesia at the opioid level. The total duration of use should not exceed 5 days. The request for 5 bottles would be excessive. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Sprix Nasal Spray 15.75mg, 40 Units (5 bottles) is not medically necessary.

Home Help - Unspecified duration: Upheld

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

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

Decision rationale: The California MTUS Guidelines indicate the home health services are recommended for injured workers who are homebound and who are in need of part time or intermittent medical treatment for up to 35 hours per week. The clinical documentation submitted for review failed to provide the duration and quantity of sessions. There was lack of documentation indicating the injured worker would be homebound. The request as submitted failed to indicate the type of home help being requested. Given the above and the lack of documentation of duration, the request for Home Help - Unspecified duration is not medically necessary.

One Time Psychological Clearance for Surgical Intervention: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back: Psychological screening.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-309.

Decision rationale: The ACOEM Guidelines indicate that surgeons should consider a referral for psychological screening to improve surgical outcomes prior to interventions. The clinical documentation submitted for review indicated there was a request for surgical intervention. However, there was a lack of documentation indicating the surgical intervention was approved or was not approved. Given the above, the request for One Time Psychological Clearance for Surgical Intervention is not medically necessary.