

Case Number:	CM14-0132795		
Date Assigned:	08/22/2014	Date of Injury:	07/10/2010
Decision Date:	10/03/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/19/2014

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 Neurological 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:

According to the records made available for review, this is a 37-year-old male with a 7/12/10 date of injury, and status post lumbar fusion L4-5 and L5-S1 10/3/12. At the time (6/24/14) of request for authorization for Removal of hardware due to intractable pain, Hardware block under fluroscopy with anesthetic agent, Hydrocodone/APAP 2. 5/325mg # 180, and Naproxen 550 mg #120, there is documentation of subjective (getting pain relief from current medications in terms of constant intractable upper and lower back pain, intermittent pain and numbness in his left leg, pain and discomfort moderately impacting his general activity and enjoyment of life) and objective (range of motion of thoracic and lumbar spine slightly-to-moderately restricted in all planes, sciatic notch and sciatic nerve tenderness upon palpation, multiple myofascial trigger points and taut bands noted throughout thoracic and lumbar paravertebral musculature and gluteal muscles, sensation to fine touch and pinprick decreased in lateral aspect of left thigh and left calf areas, and left ankle jerk absent) findings, imaging findings (Lumbar Spine CT (3/17/14) report revealed status post fusion of L4-5 and L5-S1 with fixation screws seen through the posterior elements, marked amount of bony hypertrophy of the articular facets and changes of disc degeneration at the level of L4-5; replacement material in the intervertebral disc spaces of L4-5 and L5-S1, no disc bulge and/or herniation), current diagnoses (status post fusion at L4-5 and L5-S1 levels on 10/3/12 with residual intractable radiculopathy, chronic myofascial pain syndrome, thoracolumbar spine, and persistent burning pain and numbness in left leg, most likely due to lumbosacral radiculopathy), and treatment to date (surgery and medications (including ongoing treatment with Norco with increased ability to perform activities of daily living more than 50% of time and Naproxen)). Medical report identifies a plan to perform a hardware block to determine whether the source of pain is the hardware of the spine itself. Regarding Removal of hardware due to intractable pain, there is no documentation of a diagnostic hardware injection

and broken hardware. Regarding Hydrocodone/APAP 2. 5/325mg # 180, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding Naproxen 550 mg #120, there is no documentation 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 as a result of Naproxen use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of hardware due to intractable pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (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 (ODG) Low Back Chapter, Hardware injection (block), Hardware implant removal (fixation)

Decision rationale: MTUS does not address this issue. ODG identifies documentation of a diagnostic hardware injection to determine if continued pain is caused by the hardware, as criteria necessary to support the medical necessity of hardware removal. In addition, ODG does not recommend the routine removal of hardware implanted for fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. Within the medical information available for review, there is documentation of diagnoses of status post fusion at L4-5 and L5-S1 levels on 10/3/12 with residual intractable radiculopathy, chronic myofascial pain syndrome, thoracolumbar spine, and persistent burning pain and numbness in left leg, most likely due to lumbosacral radiculopathy. In addition, given documentation of imaging findings (CT scan identifying status post fusion of L4-5 and L5-S1 with fixation screws seen through the posterior elements, marked amount of bony hypertrophy of the articular facets and changes of disc degeneration at the level of L4-5; replacement material in the intervertebral disc spaces of L4-5 and L5-S1, no disc bulge and/or herniation), there is documentation of ruling out other causes of pain such as nonunion and infection. However, given documentation of the associated request for Hardware block under fluroscopy with anesthetic agent, there is no documentation of a diagnostic hardware injection. In addition, there is no documentation of broken hardware. Therefore, based on guidelines and a review of the evidence, the request for Removal of hardware due to intractable pain is not medically necessary.

Hardware block under fluroscopy with anesthetic agent: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (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 (ODG) Low Back Chapter, Hardware injection (block)

Decision rationale: MTUS does not address this issue. ODG identifies documentation of diagnostic evaluation of failed back surgery syndrome in patients who have undergone a fusion with hardware to determine if continued pain is caused by the hardware, as criteria to support the medical necessity of a hardware injection. Within the medical information available for review, there is documentation of diagnoses of status post fusion at L4-5 and L5-S1 levels on 10/3/12 with residual intractable radiculopathy, chronic myofascial pain syndrome, thoracolumbar spine, and persistent burning pain and numbness in left leg, most likely due to lumbosacral radiculopathy. In addition, there is documentation of constant intractable lower back pain and a plan to perform a hardware block to determine whether the source of pain is the hardware of the spine itself. Therefore, based on guidelines and a review of the evidence, the request for Hardware block under fluroscopy with anesthetic agent is medically necessary.

Hydrocodone/APAP 2. 5/325mg # 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. 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. Within the medical information available for review, there is documentation of diagnoses of status post fusion at L4-5 and L5-S1 levels on 10/3/12 with residual intractable radiculopathy, chronic myofascial pain syndrome, thoracolumbar spine, and persistent burning pain and numbness in left leg, most likely due to lumbosacral radiculopathy. In addition, given documentation of ongoing treatment with Norco with increased ability to perform activities of daily living more than 50% of time, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Norco use to date. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone/APAP 2. 5/325mg # 180 is not medically necessary.

Naproxen 550 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. 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. Within the medical information available for review, there is documentation of diagnoses of status post fusion at L4-5 and L5-S1 levels on 10/3/12 with residual intractable radiculopathy, chronic myofascial pain syndrome, thoracolumbar spine, and persistent burning pain and numbness in left leg, most likely due to lumbosacral radiculopathy. In addition, there is documentation of chronic low back pain and ongoing treatment with Naproxen. However, despite documentation that patient is getting pain relief from current medications, there is no documentation 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 as a result of Naproxen use to date. Therefore, based on guidelines and a review of the evidence, the request for Naproxen 550 mg #120 is not medically necessary.