

Case Number:	CM14-0166015		
Date Assigned:	10/13/2014	Date of Injury:	02/21/2000
Decision Date:	12/04/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/08/2014

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 Spine Surgeon 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 64-year-old male who reported injury on 02/21/2000. The mechanism of injury was not provided. Prior diagnostic studies included an MRI of the lumbar spine on 08/25/2014. The surgical history included a posterior instrumented fusion and posterior decompression of L4-S1. The documentation of 09/02/2014 revealed the injured worker had subjective complaints of persistent back and bilateral leg pain. The symptoms were noted to be increasing, especially with prolonged standing and walking. The injured worker's current medications included Naproxen, Zolpidem, and Hydrocodone, which were noted to help. The physical examination revealed the injured worker had tenderness in the lumbar paraspinal muscles and thoracic paraspinal muscles. There was spasm with motion. The injured worker had decreased range of motion and decreased sensation of the L5 dermatomes bilaterally. The injured worker had lower extremity reflexes that were +2 bilaterally and were symmetrical. The physician reviewed the MRI of the lumbar spine and indicated the injured worker had a slight spondylolisthesis at L3-4 and an annular tear. There was stenosis at L3-4. The diagnoses included L3-4 instability and stenosis (junctional syndrome) status post L4-S1 fusion on 03/22/2003 and depression. The documentation indicated the injured worker had failed a long course of nonsurgical treatment, and the injured worker would require revision surgery. The physician indicated there should be a removal of the hardware from L4-S1 and the fusion mass should be inspected. Additionally, if the fusion was found to be deficient, the physician opined it should be augmented. The physician indicated the injured worker would have a need for L3-4 to be stabilized, given the present instability. The Request for Authorization was made for L4-S1 removal of hardware, fusion inspection, possible decompression, L3-4 posterolateral fusion with screw fixation and allograft, and L3-4 bilateral decompression, back brace, a front wheeled walker, a 3 in 1 commode postoperative, a postoperative evaluation by an RN after the first 24

hours or the day thereafter, postoperative physical therapy, Naproxen 550 mg 1 by mouth q. 12 hours with food for anti-inflammatory effect, and Hydrocodone/APAP 10/325 mg 1 every 6 hours to 8 hours #60 for breakthrough pain. The physician further documented the Norco had been effective because it reduced pain to the point where it allowed the injured worker to perform some activities of daily living. Additionally, the recommendation was for Tramadol ER 150mg 1 to 2 daily #60 for pain. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone APAP 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The documentation indicated the injured worker had utilized the medication since at least June of 2014. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Hydrocodone APAP 10/325mg #60 is not medically necessary.

Tramadol ER 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The documentation indicated the injured worker had utilized the medication since at least June of 2014. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Tramadol ER 150mg #60 is not medically necessary.

Naproxen 550mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend NSAIDs for the short term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to meet the above criteria. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The documentation indicated the injured worker had utilized the medication since at least June of 2014. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Naproxen 550mg #100 is not medically necessary.