

Case Number:	CM14-0038702		
Date Assigned:	07/30/2014	Date of Injury:	07/30/2003
Decision Date:	09/11/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/02/2014

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 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 59-year-old male who reported an injury on 07/30/2003 after he slipped off a tractor. The injured worker reportedly sustained an injury to his cervical and lumbar spines. The injured worker's chronic pain was managed with multiple medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker underwent an MRI on 03/10/2007, which noted that there was facet joint hypertrophy at the L3-4 with no evidence of canal stenosis or neural foraminal narrowing and a disc bulge at the L4-5 without evidence of canal stenosis of neural foraminal narrowing. There was no evidence of any abnormalities identified at the L5-S1. The injured worker was evaluated on 02/24/2014. It was documented that the injured worker had lumbosacral pain that was exacerbated by walking. Physical findings included tenderness to palpation of the lumbosacral spine with a positive straight leg raise test and decreased sensation in the bilateral lower extremities in the L5-S1 distribution. It was noted that the injured worker had tenderness to palpation of the sacroiliac joints and decreased range of motion secondary to pain. It was noted that the injured worker was prescribed Naproxen Sodium, Docusate Sodium, Quazepam, Cyclobenzaprine, Hydrocodone, Omeprazole and Tramadol. A Request for Authorization dated 03/17/2014 requested an L4-5 and L5-S1 posterior lumbar interbody fusion and continued medication refills. The injured worker's diagnoses included cervical discopathy without displacement and lumbar discopathy with displacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 and L5-S1 Posterior Lumbar Interbody Fusion with Pedicle Screw Fixation and Sacroiliac fixation with Arthrodesis to stabilize decompress and obtain return of functionality capacity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guideline Low Back Chapter.

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

Decision rationale: The requested L4-5 and L5-S1 posterior lumbar interbody fusion with pedicle screw fixation and sacroiliac joint fixation with arthrodesis to stabilize, decompress and obtain return of functionality capacity is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not recommend fusion surgery in the absence of well-documented instability. The clinical documentation submitted for review does not provide any evidence of significant pathology identified on an imaging study that would support significant instability. Furthermore, the American College of Occupational and Environmental Medicine recommends a psychological evaluation prior to spinal surgery. The clinical documentation does not provide any evidence that the injured worker has received any type of psychological evaluation. Furthermore, the clinical documentation submitted for review does not clearly identify conservative treatments administered to the injured worker. There is no documentation of a physical therapeutic rehabilitation program or epidural steroid injections. Therefore, a fusion surgery would not be indicated in this clinical situation. As such, the requested L4-5 and L5-S1 posterior lumbar interbody fusion with pedicle screw fixation and sacroiliac fixation with arthrodesis to stabilize, decompression and obtain return of functionality capacity is not medically necessary or appropriate.

Docusate Sodium 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA <http://www.drugs.com/ppa/docusate.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

Decision rationale: The requested Docusate Sodium 100 mg #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the prophylactic treatment of constipation when opioids are used for chronic pain management. The clinical documentation does indicate that the injured worker's treatment history includes chronic opioid usage. However, the clinical documentation fails to provide an adequate assessment of the injured worker's gastrointestinal system to support that he has a continued need for this type of treatment. There was no documentation that the previous use of this medication was effective. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Docusate Sodium 100 mg #60 is not medically necessary or appropriate.

Quazepam 15mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request Quazepam 15 mg #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend the long-term use of benzodiazepines due to a high risk of physiological and psychological dependence. The clinical documentation does indicate that the injured worker has been on this medication for a period that exceeds the 4 week recommendation for treatment duration. There are no exceptional factors noted to support extending treatment beyond the guideline recommendations. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Quazepam 15 mg #60 is not medically necessary or appropriate.

Cyclobenzaprine 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines Muscle Relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The requested Cyclobenzaprine 7.5 mg #120 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the short-term use of muscle relaxants for acute exacerbations of chronic pain. The use of muscle relaxants to treat long-term chronic pain is not supported by the guideline recommendations. The clinical documentation does indicate that the injured worker has been on this medication for an extended duration. There are no exceptional factors noted to support extending treatment beyond the guideline recommendations. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Cyclobenzaprine 7.5 mg #120 is not medically necessary or appropriate.

Hydrocodone/BIT/Acetaminophen 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Hydrocodone/BIT/Acetaminophen 10/325 mg #120 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends that the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, a quantitative assessment of pain relief, managed side effects and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does not provide an adequate pain assessment to support the effectiveness of this medication. There is no documentation that the injured worker receives any type of functional benefit resulting from the use of this medication. Furthermore, the request as it is submitted does not adequately identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Hydrocodone/BIT/Acetaminophen 10/325 mg #120 is not medically necessary or appropriate.

Omeprazole DR 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The requested Omeprazole DR 20 mg #90 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends that the ongoing use of gastrointestinal protectants be supported by documentation of risk factors regarding gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's gastrointestinal system to support that he is at continued significant risk for the development of gastrointestinal disturbances related to medication usage. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Omeprazole DR 20 mg #90 is not medically necessary or appropriate.

Tramadol HCL ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): page(s) 78.

Decision rationale: The requested Tramadol Hydrochloride ER 150 mg #90 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends that the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, a quantitative assessment of pain relief, managed side effects and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted

for review does not provide an adequate pain assessment to support the effectiveness of this medication. There is no documentation that the injured worker receives any type of functional benefit resulting from the use of this medication. Furthermore, the request as it is submitted does not adequately identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Tramadol Hydrochloride ER 150 mg #90 is not medically necessary or appropriate.

15gm Cyclobenzaprine 10%, Tramadol 10%, 60 Gm tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Other Medical Treatment Guideline or Medical Evidence: Tramadol topical, a thorough search of FDA.gov, did not indicate there was a formulation of topical Tramadol that had been FDA approved.

Decision rationale: The requested 15 gm of Cyclobenzaprine 10% and Tramadol 10% in a 60 gm tube is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not support the use of Cyclobenzaprine as a topical agent as there is little scientific data to support the efficacy and safety of this type of medication in a topical formulation. Peer-reviewed literature does not support the use of opioids in a topical formulation as there is little scientific evidence to support the safety and efficacy of this type of medication as a topical agent. Furthermore, the request as it is submitted does not clearly identify an applicable body part or frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested 15 gm of Cyclobenzaprine 10% and Tramadol 10% in a 60 gm tube is not medically necessary or appropriate.