

Case Number:	CM14-0050440		
Date Assigned:	06/25/2014	Date of Injury:	09/25/2012
Decision Date:	07/25/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/24/2014

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 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 58-year-old female machine operator and laborer sustained an industrial injury on 9/25/12. Injury occurred when she opened a drawer, and the cabinet tilted and fell towards her. She fell backwards and struck her neck, back, elbow and shoulder against a steel bar. Past medical history was positive for high cholesterol, diabetes, and hypertension. The 1/4/13 cervical MRI impression documented disc desiccation at C2/3, C3/4, C4/5, C5/6, and T1/2 with mild disc height loss at C2/3, C4/5, and C5/6. Vertebral body heights and alignment was maintained. There was no evidence of listhesis. Facets were normally aligned. The cord was normal in signal caliber. There was a disc bulge at C4/5 with mild central canal stenosis. At C5/6, there was a disc bulge or disc osteophyte complex with moderate to severe central spinal stenosis, mildly indenting the ventral surface of the cord. The 2/14/14 treating physician report cited worsened neck and right arm pain. Neck pain caused significant headaches and radiating pain to the scapula and down the arm. There was a fair amount of clicking in the cervical spine. Cervical spine exam documented mild torticollis to the right, markedly positive head compression sign, positive right Spurling's maneuver, exquisite right sided pain and muscle spasms, right levator scapula knot, and pain on scapular retraction. There was significant loss of cervical range of motion, no gross evidence of instability, diminished biceps reflex, diminished biceps and wrist extensor strength, and diminished sensation dorsum of the hand. Cervical x-rays were taken and showed collapse of the C5/6 segment with slight translation. C5/6 anterior cervical discectomy and fusion was recommended, with associated medications, durable medical equipment, and services. Tramadol and Naproxen were prescribed. The 3/6/14 utilization review denied the requests for Duricef, Norco, Zofran and Sprix spray as the associated cervical surgery was deemed not necessary. The 3/13/14 treating physician appeal letter stated the patient had on-going complaints of worsening neck pain with radiating symptoms despite extensive

conservative measures provided to her. Subjective complaints were validated by objective findings and suggestive of nerve involvement and possible worsening of her condition which needs prompt medical attention. The 3/14/14 progress report indicated that the patient was not attending therapy. There was no indication in the file that the requested cervical surgery was subsequently approved or that guideline criteria had been fully satisfied relative to conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duricef: 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 disease.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non- MTUS Other Medical Treatment Guideline or Medical Evidence: Working Group of the Clinical Practice Guideline for the Patient Safety at Surgery Settings. Clinical practice guideline for the patient safety at surgery settings. (AIAQS); 2010, page 191.

Decision rationale: As the associated C5/6 anterior cervical discectomy and fusion was not found to be medically necessary, the associated request for Duricef is also not medically necessary.

Norco: 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/ Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/acetaminophen Page(s): 76-80.

Decision rationale: As the associated C5/6 anterior cervical discectomy and fusion was not found to be medically necessary, the associated request for Norco is also not medically necessary.

Zofran: 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/ Antiemetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non- MTUS Other Medical Treatment Guideline or Medical Evidence: Practice guidelines for postanesthetic care: an updated report by the American Society of Anesthesiologists Task Force on Postanesthetic Care. Anesthesiology. 2013 Feb;118 2, page 291-307.

Decision rationale: As the associated C5/6 anterior cervical discectomy and fusion was not found to be medically necessary, the associated request for Zofran is also not medically necessary.

Sprix Spray 15.75 nasal spray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS FDA, 2010.

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), Sprix (ketorolac tromethamine nasal Spray).

Decision rationale: As the associated C5/6 anterior cervical discectomy and fusion was not found to be medically necessary, the associated request for Sprix spray 15.75 nasal spray is also not medically necessary.