MAXIMUS Federal Services

Case Number:	CM14-0062909		
Date Assigned:	07/11/2014	Date of Injury:	09/23/2008
Decision Date:	08/11/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/05/2014

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:

The patient is 59 years old and injured worker who has a date of injury of September 23, 2008. The patient has chronic neck and back pain. On physical examination he has weakness bilaterally at C4-5. There is decreased sensation on the left at C5. There is tenderness and trapezius.There is decreased sensation in the left at C6. Motor strength was normal from C4-T1 bilaterally. MRI the cervical spine shows degenerative disc condition from C2-C7. There was some stenosis of the bilateral C4 nerve roots. At issue is whether cervical spine fusion is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy and fusion C3-C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 186.

Decision rationale: The patient does not meet criteria for multilevel cervical spine fusion. Specifically, there is no documentation of instability fracture or tumor. There is also no clear correlation between MRI findings showing neurologic deficit and physical examination showing specific radiculopathy. Criteria for multilevel fusion surgery for the cervical spine are not met.

Therefore, the request for anterior cervical discectomy and fusion C3-C6 is not medically necessary and appropriate.

Lyrica 75mg, 1 tablet by mouth twice a day, qty 60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 19-20.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS chronic pain treatment guidelines page 19.

Decision rationale: There is no rationale in the medical records for using pre-gadolinium rather than gabapentin which would seem to have equal efficaciousness and is a less expensive and generic drug. Lyrica has a documented effectiveness to patients diabetic neuropathy and postherpetic neuralgia. Is not approved by the FDA for the treatment of radicular pain. However, it has been used for the treatment of neuropathic pain. As such, the request for Lyrica 75 mg, 1 tablet by mouth twice a day, quantity 60 with 3 refills is not medically necessary and appropriate.

Norco 10/325mg, 1-2 tablets by mouth three times a day, qty 180 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco Page(s): 91, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Narcotics are not recommended for long-term use in chronic back pain and neck pain. In addition, the medical records do not demonstrate documentation a functional improvement with previous narcotic use. Also, the medical records do not document functional restoration program. Continued use of narcotics are not recommended for chronic low back pain. Guidelines are not met for continued use. Therefore, the request for Norco 10/325mg, 1-2 tablets by mouth three times a day, quantity 180 with 3 refills is not necessary and appropriate.

Prilosec 20mg, 1 tablet by mouth twice a day, qty 60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 63.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS chronic pain treatment guidelines.

Decision rationale: Medical necessity for Prilosec is not established. There is no documentation that the patient is at risk for adverse GI event. Therefore, the request for Prilosec

20mg, 1 tablet by mouth twice a day, qty 60 with 3 refills is not medically necessary and appropriate.

Soma 350mg, 1 tablet by mouth three times a day, qty 90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 65.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS chronic pain treatment guidelines.

Decision rationale: Muscle relaxants are not recommended for use in chronic low back pain. Muscle relaxants are recommended as a second line option for short time treatment of acute exacerbations of patients with chronic pain. There is no documentation that Soma is being used on a short-term basis or as a second line medicine. Additonally, there is no documentation of acute exacerbation. Criteria for continued use of soma not met. Therefore, the request for Soma 350mg, 1 tablet by mouth three times a day, qty 90 with 3 refills is not medically necessary and appropriate.

Unknown length of stay: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.