

<b>Case Number:</b>	CM14-0070659		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	07/12/2007
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 Occupational Medicine 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 applicant has filed a claim for chronic neck pain reportedly associated with an industrial injury of July 12, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and opioid therapy. The applicant, it is incidentally noted, has seemingly alleged multifocal body complaints secondary to cumulative trauma at work as opposed to a specific, discrete injury. In a Utilization Review Report dated April 18, 2014, the claims administrator approved a request for 12 sessions of postoperative physical therapy, approved a preoperative medical clearance with laboratory testing, approved a soft cervical collar, partially certified Norco, partially certified Soma, denied a home health aide, denied an external bone growth stimulator, and denied a hard cervical collar. The applicant was scheduled for cervical spine surgery on April 20, 2014, the claims administrator acknowledged. The applicant's attorney subsequently appealed. On May 30, 2014, the applicant underwent some nonstandard cardio respiratory testing. On June 13, 2014, the applicant was described as permanent and stationary. The applicant did not appear to be working. The applicant was pending a knee arthroscopy, it was stated. Diclofenac, Omeprazole, and Tramadol were endorsed. There was no explicit discussion of medication efficacy. The applicant was using hydrocodone rarely, it was stated. The applicant stated that cervical epidural steroid injections had been unsuccessful. It was stated on this occasion that the applicant had scheduled cervical spine surgery but had not yet undergone the same. Various medications were endorsed, including Pamelor and Voltaren gel. It did not appear that the applicant was working. On May 9, 2014, the applicant was again described as having ongoing complaints of multifocal low back, knee, and neck pain. The applicant did not appear to be working with permanent limitations in place. On February 21, 2014, the applicant stated that her cervical spine surgery had been approved but that she had yet

to schedule the same. The applicant had multifocal complaints of wrist, back, shoulder, and knee pain, it was noted. Permanent work restrictions were renewed. The applicant did not appear to be working. The remainder of the file was surveyed. There was no evidence that the applicant ultimately underwent either cervical spine surgery or knee surgery in 2014. On August 6, 2013, the applicant consulted a gastroenterologist for issues associated with Gastroesophageal reflux disease. The applicant was incidentally described as having issues with hypertension and hypothyroidism. The applicant was a nonsmoker, however, it was stated. On February 11, 2014, the applicant consulted a neurosurgeon, who sought authorization for a C5 through C7 anterior cervical discectomy and fusion, an updated cervical MRI scan, and a home health aide. The applicant reported severe neck pain radiating into the bilateral arms with associated paresthesias about the same. The attending provider posited that conservative care had been failed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg Quantity: 90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. Permanent work restrictions are renewed, seemingly unchanged, from visit to visit. The attending provider had not established the presence of any material improvements in function or quantifiable reductions in pain achieved as a result of ongoing Norco usage. Therefore, Norco 10/325mg Quantity: 90 is not medically necessary.

**Soma 350mg Quantity: 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol topic Page(s): 29.

**Decision rationale:** As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. In this case, the applicant is in fact, using a variety of opioids, including Norco and tramadol. Adding Carisoprodol or Soma to the mix, particularly for the long-term purpose for which it is seemingly being proposed here via the 90-tablet supply sought is not recommended. Therefore, Soma 350mg Quantity: 90 is not medically necessary.

**Home health assistant for the first 3 weeks in days Quantity: 21: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Home health services.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services topic Page(s): 51.

**Decision rationale:** As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise recommended medical treatment in applicants who are homebound. In this case, the request seemingly represents a request for homemaker services postoperatively. Such services, however, are specifically not covered as stand-alone services, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, Home health assistant is not medically necessary.

**External bone growth stimulator: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low back section-Bone growth stimulators.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter, Bone Growth Stimulators topic.

**Decision rationale:** The MTUS does not address the topic. As noted in ODG's Low Back Chapter, Bone Growth Stimulator topic, bone growth stimulators may be considered medically necessary as an adjunct to spinal fusion surgery when applicants are planned to undergo fusion at more than one level. In this case, the applicant in fact plans to undergo fusion at multiple levels, C5 through C7. Provision of a bone growth stimulator to promote postoperative fusion consolidation is therefore indicated. Accordingly External bone growth stimulator is medically necessary.

**Hard cervical collar to help with support Quantity: 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment guidelines cervical spine-cervical collar.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 182.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 8, Table 8-5 does note that cervical collar is an option for stabilization in applicants with central cord compression until

emergent surgery is performed, in this case, however, the applicant is undergoing elective spine surgery. There is no evidence of any central cord compression or other red-flag issue being present which would support provision of a hard cervical collar. As further noted in the MTUS ACOEM Guidelines, usage of a cervical collar for more than one to two days is not recommended. The attending providers did not proffer any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on cervical collars in the context present here, either preoperative or postoperatively. Therefore, a hard cervical collar to help with support is not medically necessary.