

Case Number:	CM14-0072774		
Date Assigned:	08/08/2014	Date of Injury:	05/02/2012
Decision Date:	09/11/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/19/2014

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 is a 58-year-old female administration technician who sustained a vocational injury on 05/02/12. The claimant's current working diagnosis is cervical spondylosis at C5-6. The most recent office note available for review is from 07/15/14. The claimant continues to have bilateral neck pain that radiates bilaterally down the arms and into the hands causing numbness. She reports more right-sided neck pain. She complains of cervicogenic headaches and dizziness with increased activities. She reports limitation of activities of daily living as a result of her pain. The claimant noted that she was dropping items more frequently. On examination, she had tenderness throughout the midline with sensitivity in the superior region. Range of motion was decreased in all planes. Neural foraminal compression test was negative bilaterally. She had a slight decrease in grip strength of the right hand. The claimant had decreased sensation mildly in the bilateral ulnar distributions. She had a positive Tinel's at the bilateral wrists and negative Phalen's and Tinel's at the elbow. Reflexes were noted to be 1+ out of 4 on the right, 2+ out of 4 in the left biceps. Triceps and brachioradialis were 2 out of 4 bilaterally. The Hoffman's sign was negative bilaterally. An MRI of the cervical spine was performed 09/17/13 showing mild multilevel degenerative spondylosis mostly at C5-6 level without evidence of cord compression. There is mild to moderate exaggeration of the normal lordotic curvature, which may be developmental. Conservative treatment to date includes formal physical therapy, Meloxicam, activity modification, and a C5-6 epidural steroid injection on 10/30/13, which provided only 20% to 30% of relief for a short period of time. The claimant has also been on Norco for an extended period of time. The current request is for an anterior cervical discectomy and fusion at C5-6 with iliac crest autograft.

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 at C5-C6 with iliac crest autograft: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 183. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck and Upper Back chapter, Fusion, anterior cervical Criteria for Cervical Fusion -.

Decision rationale: California MTUS ACOEM Guidelines have been referenced and Official Disability Guidelines have also been supplemented. Currently, Official Disability Guidelines suggest that tobacco cessation is highly recommended due to the high risk of pseudoarthritis and that a smoker anticipating spinal fusion should adhere to tobacco-cessation program those results in absence from tobacco for at least six weeks prior to surgery. In addition, diagnostic studies should confirm cervical nerve root compression or diagnostic imaging by x-ray demonstrating instability with flexion, extension x-rays. Currently, there is no documentation of the claimant's current tobacco use and there is a lack of diagnostic study or plain x-ray demonstrating nerve root compression or instability. Furthermore, based on the documentation presented for review and in accordance with California MTUS ACOEM Guidelines and Official Disability Guidelines, the request for the anterior cervical discectomy and fusion at C5-6 with iliac crest bone graft cannot be considered medically necessary.

1 day stay: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck and Upper Back chapter - Hospital Length of Stay.

Decision rationale: Based on the documentation presented for review and in accordance with California MTUS ACOEM Guidelines and Official Disability Guidelines, the request for surgical intervention has been deemed not medically necessary and subsequently the request for a one day stay cannot be considered medically necessary.

Pre-operative lab: Complete Blood Count (CBC): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); ACOEM Chapter 7, page 127.

Decision rationale: Based on the documentation presented for review and in accordance with California MTUS ACOEM Guidelines and Official Disability Guidelines, the request for surgical intervention being not medically necessary and subsequently the request for preop CBC cannot be considered medically necessary.

Pre-operative lab: Prothrombin Time (PT): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); ACOEM Chapter 7, page 127.

Decision rationale: Based on the documentation presented for review and in accordance with California MTUS ACOEM Guidelines and Official Disability Guidelines, the request for surgical intervention being not medically necessary and subsequently the request for a preoperative prothrombin time cannot be considered medically necessary.

Pre-operative lab: Partial thromboplastin time (PTT): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); ACOEM Chapter 7, page 127.

Decision rationale: Based on the documentation presented for review and in accordance with California MTUS ACOEM Guidelines and Official Disability Guidelines, the request for a preoperative PTT cannot be considered medically necessary.

Pre-operative lab: Urinalysis: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); ACOEM Chapter 7, page 127.

Decision rationale: Based on the documentation presented for review and in accordance with California MTUS ACOEM Guidelines and Official Disability Guidelines, the request for surgical intervention being not medically necessary and subsequently the request for preoperative urinalysis cannot be considered medically necessary.

Pre-operative lab: Basic Metabolic Panel (BMP): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); ACOEM Chapter 7, page 127.

Decision rationale: Based on the documentation presented for review and in accordance with California MTUS ACOEM Guidelines and Official Disability Guidelines, the request for surgical intervention being not medically necessary and subsequently the request for preoperative basic metabolic panel cannot be considered medically necessary.

Chest x-ray: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); ACOEM Chapter 7, page 127.

Decision rationale: Based on the documentation presented for review and in accordance with California MTUS ACOEM Guidelines and Official Disability Guidelines, the request for surgical intervention being not medically necessary and subsequently the request for a chest x-ray cannot be considered medically necessary.

Electrocardiogram (EKG): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); ACOEM Chapter 7, page 127.

Decision rationale: Based on the documentation presented for review and in accordance with California MTUS ACOEM Guidelines and Official Disability Guidelines, the request for surgical intervention being not medically necessary and subsequently the request for an electrocardiogram cannot be considered medically necessary.

Hard cervical collar purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: Based on the documentation presented for review and in accordance with California MTUS ACOEM Guidelines and Official Disability Guidelines, the request for surgical intervention being not medically necessary and subsequently the request for a hard cervical collar purchase cannot be considered medically necessary.

Soft cervical collar: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: Based on the documentation presented for review and in accordance with California MTUS ACOEM Guidelines and Official Disability Guidelines, the request for surgical intervention being not medically necessary and subsequently the request for a soft cervical collar cannot be considered medically necessary.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS: 2009, Chronic Pain pg 75 Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short-acting agents due to their adverse effects. The duration of action is generally 3-4 hours. Short-acting opioids include Morphine (Roxanol), Oxycodone (OxyIR, OxyFAST), Endocodone, Oxycodone with acetaminophen, (Roxicodone, Roxicet, Percocet, Tylox, Endocet), Hydrocodone with acetaminophen, (Vicodin, Lorcet, Lortab, Zydone, Hydrocet, Norco), Hydromorphone (Dilaudid, Hydrostat). (Baumann, 2002) pg 91 Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet; Lorcet, Lortab; Margesic-H, Maxidone; Norco, Stagesic, Vicodin, Xodol, Zydone; generics available): Indicated for moderate to moderately severe pain. Note: there are no FDA-approved hydrocodone products for pain unless formulated as a combination. Side Effects: See opioid adverse effects. Analgesic dose: The

usual dose of 5/500mg is 1 or 2 tablets PO every four to six hours as needed for pain (Max 8 tablets/day). For higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. Hydrocodone has a recommended maximum dose of 60mg/24 hours. The dose is limited by the dosage of acetaminophen, which should not exceed 4g/24 hours. pg 124 Weaning of Medications Recommended as indicated below. Opioids: For opioids a slow taper is recommended. The longer the patient has taken opioids, the more difficult they are to taper. The process is more complicated with medical comorbidity, older age, female gender, and the use of multiple agents. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. (Benzon, 2005) Patients with complex conditions with multiple comorbidities (including psych disorders) should be referred to an addiction medicine/psychiatry specialist. Opioid weaning should include the following: (a) Start with a complete evaluation of treatment, comorbidity, psychological condition; (b) Clear written instructions should be given to the patient and family; (c) If the patient cannot tolerate the taper, refer to an expert (pain specialist, substance abuse specialist); (d) Taper by 20 to 50% per week of original dose for patients who are not addicted (the patient needs 20% of the previous day's dose to prevent withdrawal); (e) A slower suggested taper is 10% every 2 to 4 weeks, slowing to a reduction of 5% once a dose of 1/3 of the initial dose is reached; (f) Greater success may Page(s): 75.

Decision rationale: Documentation presented for review suggests that the claimant has been on Norco for some time. It would be assumed that these medications would be continued. The current request does not specify if this medication is for postoperative use, which has been deemed as not medically necessary based on the documentation presented for review and in accordance with California MTUS ACOEM Guidelines and subsequently the request for Norco 10/325 dispensed #60 cannot be considered medically necessary.

Lidoderm patches 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg 56-57 Lidoderm (lidocaine patch) Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics Page(s): 56-57.

Decision rationale: California Chronic Pain Medical Treatment Guidelines have been referenced. Currently, Lidoderm patches are considered medically necessary in the setting of post status herpetic neuralgia, which does not appear to be the case with this claimant. Subsequently there request for Lidoderm patches 5% cannot be considered medically necessary.