

Case Number:	CM14-0085145		
Date Assigned:	07/23/2014	Date of Injury:	03/05/2002
Decision Date:	08/27/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/06/2014

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 Orthopaedic 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 36-year-old male sustained an industrial injury on 3/5/02. Injury occurred when he lost his balance while working on a roof, fell backwards striking a beam, then fell from the roof and was caught by his safety harness. He underwent L5/S1 decompression on 3/2/11 and L5/S1 anterior and posterior lumbar fusion on 3/21/11. The 2/26/12 lumbar spine x-rays revealed stable anterior fixation and pedicle screws at L5 to S1 with signs of progressive bone growth within the interbody of L5/S1. There were no signs of instrumentation failure or loosening. The 4/29/14 treating physician report indicated the patient presented with grade 8/10 low back pain radiating down both legs. Pain had increased as the patient had not been taking medications for the past month. He reported that he did not want to be dependent on medications. Physical exam documented tenderness to palpation over the upper lumbar and lower thoracic regions, and over the bilateral sacroiliac joints. There was decreased lumbar range of motion, decreased right L4 and L5 dermatomal sensation and absent patellar reflexes bilaterally. Given continued complaints of lower back pain and a new upper lumbar/lower thoracic pain, posterior pedicle screw removal was recommended. The treatment plan requested surgery to include exploration of the posterior lumbar spine fusion with removal of the posterior lumbar instrumentation, in-patient stay x 3 days, and pre-operative testing. The patient reported sleepless with tramadol and Zanaflex and a mild reduction in pain overall with medications. The treating physician refilled prescriptions for Voltaren and Cymbalta, and prescribed Baclofen and Lidoderm patches. The 5/12/14 utilization review denied the request for lumbar spine surgery and pre-op testing based on the absence of imaging findings demonstrating hardware failure or mechanical impingement and absent a diagnostic hardware injection. The request for Baclofen was denied as there was no evidence of muscle spasms. The request for Lidoderm patches were denied as there was no documentation of failure of a trial of first line therapy. Records indicate that the patient

underwent bilateral L4/5 and L5/S1 facet blocks and pedicle screw injections on 7/7/14. There was no documentation as to patient response.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery- exploration of the posterior lumbar spine fusion with removal of the posterior lumbar instrumentation and in-patient stay x 3 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Hardware implant removal (fixation).

Decision rationale: The California MTUS does not provide recommendations relative to lumbar hardware removal. The Official Disability Guidelines do not recommend the routine removal of hardware implanted for fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. Hardware removal is not recommended solely to protect against allergy, carcinogenesis, or metal detection. Although hardware removal is commonly done, it should not be considered a routine procedure. Guideline criteria have not been met. There is no current imaging or radiographic evidence of hardware failure, impingement, or nonunion. There is no evidence that infection has been ruled-out. There is no evidence of benefit to diagnostic hardware injections. Therefore, this request for surgery, including exploration of the posterior lumbar spine fusion with removal of the posterior lumbar instrumentation and in-patient stay x 3 days is not medically necessary.

Pre-operative labs: (CBC, PT, PTT, UA, BMP), chest x-ray and EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Preoperative electrocardiogram (ECG), Preoperative lab testing, Preoperative testing, general.

Decision rationale: As the requested surgery is not medically necessary, the associated request for pre-operative labs (CBC, PT, PTT, UA, BMP), chest x-ray and EKG is also not medically necessary.

Baclofen 20mg #90, with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen, Muscle relaxants (for pain) Page(s): 23, 63-65.

Decision rationale: The California Medical Treatment Utilization Schedule recommends non-sedating relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain. Guidelines state that Baclofen is indicated for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has also been noted to have benefits treating lancinating, paroxysmal neuropathic pain. Guideline criteria have not been met. There is no current evidence of muscle spasms or spasticity or stabbing, sudden pain to support the medical necessity of an initial prescription of Baclofen. The current pain exacerbation was reported due to the patient not wishing to take his medications. Therefore, this request for Baclofen 20mg #90, with 2 refills is not medically necessary.

Lidoderm patches #30, with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation ODG, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Topical analgesics Page(s): 56-57, 111-113.

Decision rationale: The California MTUS indicates that Lidoderm patches may be recommended for localized peripheral pain after evidence of a trial of first-line neuropathic therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Continued outcomes should be intermittently measured and if improvement cannot be determined or does not continue, lidocaine patches should be discontinued. Guideline criteria have not been met. There is no evidence that this patient has failed a trial of first line neuropathic therapy. Records indicate that gabapentin has been recommended but there is no evidence that this medication has been tried and has failed. An initial 4-week trial of Lidoderm patches is consistent with guidelines upon documentation of first-line therapy failure. Therefore, this request for Lidoderm patches #30, with 2 refills is not medically necessary.