

Case Number:	CM14-0179172		
Date Assigned:	11/07/2014	Date of Injury:	02/26/2010
Decision Date:	01/20/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/28/2014

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, has a subspecialty in Spine 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:

According to the records made available for review, this is a 53-year-old male with a 3/26/13 date of injury. At the time (10/1/14) of request for authorization for Right C4-C5 Foraminotomy, Hard cervical collar, Soft cervical collar, Pneumatic Intermittent Compression Device/Cold Therapy Unit for 30 day rental, Postoperative Physiotherapy to treat the neck 3 x 6, Preoperative clearance to include a Chest X-ray, Senna as documented on 10/1/2014 medical record, Colace 100mg as documented on 10/1/2014 medical record, Phenergan 25mg as documented on 10/1/2014 medical record, Percocet 10/325mg as documented on 10/1/2014 medical record, Fentanyl 25mcg/hr patch as documented on 10/1/2014 medical record, Zofran 8mg as documented on 10/1/2014 medical record, Miralax Powder 17 gram/dose as documented on 10/1/2014 medical record, Zocor 80mg as documented on 10/1/2014 medical record, Amitiza 24mcg as documented on 10/1/2014 medical record, Lyrica 50mg as documented on 10/1/14 medical record, and Nexium 40mg as documented on 10/1/14 medical record, there is documentation of subjective (neck pain radiating to shoulder, between shoulder blades, arms, and hands) and objective (decreased sensory exam over right C5-C6-C7-C8-T1 dermatome; decreased cervical range of motion; and tenderness over bilateral trapezius, right cervical paraspinal muscle, and base of the skull) findings, imaging findings (reported CT cervical spine (10/23/13) revealed status post discectomy and fusion at C5-6 and C6-7, artificial disc at C4-5, and no spinal canal compromise; report not available for review and reported EMG bilateral upper extremities (10/2/12) revealed no evidence of carpal tunnel syndrome, cervical radiculopathy, brachial plexopathy, or other peripheral nerve entrapment), current diagnoses (neck sprain, right C5 radiculopathy, and C4-5 right foraminal stenosis), and treatment to date (chiropractic treatment, physical therapy, and medications (including ongoing treatment with Percocet, Fentanyl, Senna, Colace, Phenergan, Miralax, Zocor, Nexium, and Amitiza)). Medical

report identifies a plan for random urine toxicology to verify medication compliance; and that medications allow the patient to complete activities of daily living independently. Regarding Right C4-C5 Foraminotomy, there is no documentation of subjective (pain, numbness, or tingling) findings which confirms radiculopathy; and abnormal imaging study with positive findings that correlate with nerve root involvement. Regarding Phenergan 25mg as documented on 10/1/2014 medical record, there is no documentation that Phenergan is used as a sedative and antiemetic in pre-operative and post-operative situations. Regarding Percocet 10/325mg as documented on 10/1/2014 medical record, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing documentation of pain relief, functional status, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of specific use of Percocet. Regarding Fentanyl 25mcg/hr patch as documented on 10/1/2014 medical record, there is no documentation of pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; the patient has demonstrated opioid tolerance, and requires a total daily dose at least equivalent to Fentanyl 25 mcg/h; and no contraindications exist; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of specific use of Fentanyl patch. Regarding Zofran 8mg as documented on 10/1/2014 medical record, there is no documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis. Regarding Senna as documented on 10/1/2014 medical record, Colace 100mg as documented on 10/1/2014 medical record, and Miralax Powder 17 gram/dose as documented on 10/1/2014 medical record, there is no documentation of constipation. Regarding Zocor 80mg as documented on 10/1/2014 medical record, there is no documentation of high cholesterol and triglycerides. Regarding Amitiza 24mcg as documented on 10/1/2014 medical record, there is no documentation of constipation caused by opioid. Regarding Lyrica 50mg as documented on 10/1/14 medical record, there is no documentation of neuropathic pain; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of specific use of Lyrica. Regarding Nexium 40mg as documented on 10/1/14 medical record, there is no documentation of risk for gastrointestinal event.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C4-C5 Foraminotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Discectomy/laminectomy/laminoplasty; anterior cervical

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of persistent, severe, and disabling shoulder or arm symptoms; activity limitation for more than one month or with extreme progression of symptoms; clear clinical, imaging, and electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term; and unresolved radicular symptoms after receiving conservative treatment, as criteria necessary to support the medical necessity of cervical decompression. ODG identifies documentation of failure of at least a 6-8 week trial of conservative care, etiologies of pain such as metabolic sources (diabetes/thyroid disease) non-structural radiculopathies (inflammatory, malignant or motor neuron disease), and/or peripheral sources (carpal tunnel syndrome) should be addressed prior to cervical surgical procedures, evidence of sensory symptoms in a cervical distribution that correlate with the involved cervical level or presence of a positive Spurling test, evidence of motor deficit or reflex changes or positive EMG findings that correlate with the cervical level, an abnormal imaging (CT/myelogram and/or MRI) study with positive findings that correlate with nerve root involvement, as criteria necessary to support the medical necessity of cervical decompression. Within the medical information available for review, there is documentation of diagnoses of neck sprain, right C5 radiculopathy, and C4-5 right foraminal stenosis. In addition, given documentation of objective (decreased sensory exam over right C5 dermatome), there is documentation of objective (sensory symptom) finding in a cervical distribution that correlate with the involved cervical level. Furthermore, there is documentation of failure of conservative treatment. However, despite nonspecific documentation of subjective (neck pain radiating to shoulder, between shoulder blades, arms, and hands) findings, there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) findings which confirms radiculopathy. In addition, given documentation of medical reports' reported imaging finding (CT of cervical spine identifying status post discectomy and fusion at C5-6 and C6-7, artificial disc at C4-5, and no spinal canal compromise), there is no documentation of abnormal imaging report with positive findings that correlate with nerve root involvement. Therefore, based on guidelines and a review of the evidence, the request for Right C4-C5 Foraminotomy is not medically necessary.

Associated surgical service: Hard cervical collar: 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 the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Soft cervical collar: 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 the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Pneumatic Intermittent Compression Device/Cold Therapy Unit for 30 day rental: 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 the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Postoperative Physiotherapy to treat the neck 3 x 6: 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 the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Preoperative clearance to include a 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 cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Senna as documented on 10/1/2014 medical record: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

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: <http://www.drugs.com/senna.html>; and Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS and ODG do not address this issue. Medical Treatment Guideline identifies documentation of constipation and Senna used as a second-line option, as criteria necessary to support the medical necessity of Senna. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of neck sprain, right C5 radiculopathy, and C4-5 right foraminal stenosis. In addition, there is documentation of ongoing treatment with Senna; and Senna used as a second-line option. However, there is no documentation of constipation. Therefore, based on guidelines and a review of the evidence, the request for Senna as documented on 10/1/2014 medical record is not medically necessary.

Colace 100mg as documented on 10/1/2014 medical record: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids; initiating therapy Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, Opioid Induced Constipation.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that opioid-induced constipation is a common adverse effect of long-term opioid use. Medical Treatment Guideline identifies documentation of a diagnosis/condition for which Colace is indicated (such as short-term treatment of constipation and/or chronic opioid use), as criteria necessary to support the medical necessity of Colace. Within the medical information available for review, there is documentation of diagnoses of neck sprain, right C5 radiculopathy, and C4-5 right foraminal stenosis. In addition, there is documentation of ongoing treatment with Colace. However, despite documentation of ongoing treatment with opioid use, there is no documentation of constipation. Therefore, based on guidelines and a review of the evidence, the request for Colace 100mg as documented on 10/1/2014 medical record is not medically necessary.

Phenergan 25mg as documented on 10/1/2014 medical record: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Antiemetics (for opioid nausea), Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS does not address the issue. ODG identifies Phenergan (promethazine) is recommended as a sedative and antiemetic in pre-operative and post-operative situations. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of neck sprain, right C5 radiculopathy, and C4-5 right foraminal stenosis. In addition, there is documentation of ongoing treatment with Phenergan. However, there is no documentation that Phenergan is used as a sedative and antiemetic in pre-operative and post-operative situations. Therefore, based on guidelines and a review of the evidence, the request for Phenergan 25mg as documented on 10/1/2014 medical record is not medically necessary.

Percocet 10/325mg as documented on 10/1/2014 medical record: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80, 92 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of neck sprain, right C5 radiculopathy, and C4-5 right foraminal stenosis. In addition, there is documentation of ongoing treatment with Percocet. However, despite documentation of a plan for random urine toxicology to verify medication compliance, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing documentation of pain relief, functional status, and side effects. In addition, despite documentation that medications allow the patient to complete activities of daily living independently, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of specific use of Percocet. Therefore, based on guidelines and a review of the evidence, the request for Percocet 10/325mg as documented on 10/1/2014 medical record is not medically necessary.

Fentanyl 25mcg/hr patch as documented on 10/1/2014 medical record: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93 and 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Duragesic and Fentanyl, Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20; and FDA.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means, as criteria necessary to support the medical necessity of Fentanyl. MTUS Chronic Pain Medical Treatment Guidelines identifies that Fentanyl is not recommended as first-line therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation that Fentanyl is not for use in routine musculoskeletal pain. FDA identifies documentation of persistent, moderate to severe chronic pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; that the patient is already receiving opioid therapy, has demonstrated opioid tolerance, and requires a total daily dose at least equivalent to Fentanyl 25 mcg/h; and no contraindications exist, as criteria necessary to support the medical necessity of Fentanyl patch. Within the medical information available for review, there is documentation of diagnoses of neck sprain, right C5 radiculopathy, and C4-5 right foraminal stenosis. In addition, there is documentation of ongoing treatment with Fentanyl patch; and that patient is already receiving opioid therapy (Percocet). However, despite documentation of pain, there is no documentation of pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means. In addition, there is no documentation that the patient has demonstrated opioid tolerance, and requires a total daily dose at least equivalent to Fentanyl 25 mcg/h; and no contraindications exist. Lastly, despite documentation that medications allow the patient to complete activities of daily living independently, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of specific use of Fentanyl patch. Therefore, based on guidelines and a review of the evidence, the request for Fentanyl 25mcg/hr patch as documented on 10/1/2014 medical record is not medically necessary.

Zofran 8mg as documented on 10/1/2014 medical record: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Antiemetics (for opioid nausea), Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS does not address the issue. ODG identifies documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use

for gastroenteritis, as criteria necessary to support the medical necessity of Zofran. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of neck sprain, right C5 radiculopathy, and C4-5 right foraminal stenosis. In addition, there is documentation of ongoing treatment with Zofran. However, there is no documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis. Therefore, based on guidelines and a review of the evidence, the request for Zofran 8mg as documented on 10/1/2014 medical record is not medically necessary.

Miralax Powder 17 gram/dose as documented on 10/1/2014 medical record: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation <http://guidelines.gov/content.aspx?id=15434&search-docusate=sodium>

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: (<http://www.webmd.com/drugs/drug-17116> Miralax+Oral [aspx?drugid=17116&](http://www.webmd.com/drugs/drug-17116)); and Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS and ODG do not address this issue. Medical Treatment Guideline identifies Miralax as an osmotic-type laxative used to treat occasional constipation. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of neck sprain, right C5 radiculopathy, and C4-5 right foraminal stenosis. In addition, there is documentation of ongoing treatment with Miralax. However, there is no documentation of constipation. Therefore, based on guidelines and a review of the evidence, the request for Miralax Powder 17 gram/dose as documented on 10/1/2014 medical record is not medically necessary.

Zocor 80mg as documented on 10/1/2014 medical record: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes

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: <http://www.drugs.com/zocor.html>; and Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS and ODG do not address this issue. Medical Treatment Guideline identifies documentation of high cholesterol or triglycerides, as criteria necessary to support the medical necessity of Zocor. MTUS-Definitions identifies that any treatment intervention should

not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of neck sprain, right C5 radiculopathy, and C4-5 right foraminal stenosis. In addition, there is documentation of ongoing treatment with Zocor. However, there is no documentation of high cholesterol or triglycerides. Therefore, based on guidelines and a review of the evidence, the request for Zocor 80mg as documented on 10/1/2014 medical record is not medically necessary.

Amitiza 24mcg as documented on 10/1/2014 medical record: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

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: <http://www.drugs.com/amitiza.html>

Decision rationale: MTUS and ODG do not address this issue. Medical Treatment Guideline identifies documentation of chronic constipation, or constipation caused by opioid or irritable bowel syndrome, as criteria necessary to support the medical necessity of Amitiza. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of neck sprain, right C5 radiculopathy, and C4-5 right foraminal stenosis. In addition, there is documentation of ongoing treatment with Amitiza. However, despite documentation of ongoing treatment with opioid treatment, there is no documentation of constipation caused by opioid. Therefore, based on guidelines and a review of the evidence, the request for Amitiza 24mcg as documented on 10/1/2014 medical record is not medically necessary.