

<b>Case Number:</b>	CM14-0200809		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	08/07/2000
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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:

The injured worker is a 49-year-old male who reported an injury on 08/07/2000. The mechanism of injury was not specified. His relevant diagnoses included lumbar degenerative disc disease with associated facet arthropathy and foraminal stenosis, most severe at L3-4 and L2-3, bilateral lower extremity radiculopathy, and cervical spondylosis. His past treatments included medications and steroid injections. His pertinent diagnostics included EMG study of the lower extremities performed on 05/22/2014, which revealed bilateral L5 and bilateral S1 radiculopathy; a lumbar spine MRI performed on 04/01/2014, which revealed a 3 mm disc protrusion at L5-S1 with associated facet arthropathy and bilateral neural foraminal stenosis. His surgical history included a lumbar discogram on 03/04/2004. The progress note dated 11/18/2014 indicated the injured worker complained of low back pain with radicular symptoms in both lower extremities. He rated his pain 9/10 in intensity, but with current medical regimen, his pain was decreased to 7/10. The physical examination revealed tenderness to palpation bilaterally on the posterior lumbar musculature and increased muscle rigidity along the lumbar paraspinal muscles. The injured worker had decreased range of motion, but was able to bend forward to 4 inches above the level of his knees and extension was limited to about 10 degrees, and continued with noted pain with both maneuvers. The injured worker also had a positive straight leg raise test bilaterally to 40 degrees and decreased sensation to Wartenberg pinwheel at approximately the L5 or S1 distribution. His medications include Norco 10/325 mg 8 tablets daily, Soma 350 mg 4 to 5 tablets daily, Anaprox DS 550 mg twice a day, Ativan 1 mg daily as needed, Prilosec 20 MD, and Cymbalta 60 mg one daily. The treatment plan included an epidural steroid injection on the L5-S1 and continuation of current medication regimen. The request was for associated surgical services including postop antibiotics, postop Flexeril, and postop tramadol. The

rationale for the request was not included. However, a request for Authorization form dated 06/12/2014 was included for review.

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

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

**Associated surgical service: Post-op Tramadol:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

**Decision rationale:** The request for associated surgical service: Post-op tramadol is not medically necessary. The California MTUS Guidelines do not recommend tramadol as a first line oral analgesic. It was noted the injured worker received authorization for a pending surgical procedure to the lumbar spine, however, the treating physician failed to specify the dosage, frequency, duration or amount to dispense for the post-operative Tramadol request. In the absence of this information, the medical necessity for the request cannot be established. As such, the request for associated surgical service, postop tramadol is not medically necessary.

**Associated surgical service: Post-op Flexeril:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** The request for associated surgical service: post-op Flexeril is not medically necessary. The California MTUS Guidelines recommend Flexeril as a short term course of therapy option, and also for postoperative use. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The progress note dated 11/18/2014 indicated the injured worker received authorization for surgical intervention to the lumbar spine, which the use of postoperative Flexeril would be supported. However, the request as submitted did not specify a dosage, frequency, duration or amount to dispense. Without this information, medical necessity of the request cannot be established. As such, the request for postoperative Flexeril is not medically necessary.

**Associated surgical service: Post-op antibiotics:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Diseases, Spine infection.

**Decision rationale:** The request for associated surgical service postop antibiotics is not medically necessary. The CA MTUS/ACOEM Guidelines do not specifically address the use of postop antibiotics. The Official Disability Guidelines recommend the use of postoperative antibiotics for her spinal infection. However, the treating provider failed to specify what antibiotic was to be utilized during the procedure. Additionally, the request as submitted did not provided a dosage, frequency, duration or amount to dispense for the request. Without this information, the medical necessity for the request cannot be established. As such, the request for associated surgical services postop antibiotics is not medically necessary.