

Case Number:	CM14-0203027		
Date Assigned:	12/15/2014	Date of Injury:	07/12/2008
Decision Date:	01/30/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/04/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 patient is status post anterior cervical discectomy fusion at C4 - C7. The patient is also fed both lumbar fusion on November 12, 2013. On January 2, 2014, the medical records noted that the patient was doing well of surgery performed on November 12, 2013. It was also noted that the medications were helping. The physical exam revealed a normal gait and no difficulty with heel to toe walking. Cervical range of motion is decreased by about 40% and lumbar range of motion is not tested. There is minimal cervical and lumbar tenderness, there's a positive Spurling's sign bilaterally and negative Lhermitte's; the patient is downward bilaterally and the patient was well-healed. There is normal reflex, sensory and participate in the upper and lower extremities and negative slight leg raise and bowstring. The patient was treated with additional physical therapy twice a week for six weeks and x-rays of the lumbar spine. According to the medical records the patient was temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical X-Ray: 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: Neck And Upper Back Chapter - Radiography (x-rays)

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 Complaints, Diagnostic Studies.

Decision rationale: Cervical X-Ray is not medically necessary. The ODG states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however further physiologic evidence of nerve dysfunction should be obtained before entering an imaging study. Indiscriminate imaging will result in falls positive findings, suggests disc bulge, but are not the source of painful symptoms did not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the indication of an imaging test to the find a potential cause (magnetic resonance imaging for neural or soft tissue, computed tomography for bony structures). The claimant had a physical exam that remains unchanged for numerous office visits and additionally there were no physical signs to warrant an x-ray of the cervical spine; therefore it is not medically necessary.

Lumbar X-Ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter - Radiography (x- rays)

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 Complaints, Diagnostic Imaging.

Decision rationale: Lumbar X-ray is not medically necessary. The ODG states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however further physiologic evidence of nerve dysfunction should be obtained before entering an imaging study. Indiscriminate imaging will result in falls positive findings, suggests disc bulge, but are not the source of painful symptoms did not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the indication of an imaging test to the find a potential cause (magnetic resonance imaging for neural or soft tissue, computed tomography for bony structures). The claimant had a physical exam that remains unchanged for numerous office visits and additionally there were no physical signs to warrant an x-ray of the lumbar spine; therefore it is not medically necessary.

Retrospective:Drug Screen Full Panel (Performed 11/07/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance Abuse Page(s): 108.

Decision rationale: Retrospective: Drug Screen Full Panel (Performed 11/07/14). Per Ca MTUS guideline on urine drug screen to assess for the use or the presence of illegal drugs as an option in patients on chronic opioids, and recommend screening for the risk of addiction prior to initiating opioid therapy. (1) However, these guidelines did not address the type of UDS to perform, or the frequency of testing. The ODG guidelines also recommends UDS testing using point of care immunoassay testing prior to initiating chronic opioid therapy, and if this test is appropriate, confirmatory laboratory testing is not required. Further urine drug testing frequency should be based on documented evidence of risk stratification including use of the testing instrument with patients at low risk of addiction, aberrant behavior. There is no reason to perform confirmatory testing unless tests is an appropriate orders on expected results, and if required, a confirmatory testing should be for the question drugs only. If urine drug test is negative for the prescribed scheduled drug, confirmatory testing is strongly recommended for the question drug. (2) There is no documentation of his urine drug testing limited to point of care immunoassay testing. Additionally, the provider did not document risk stratification using a testing instrument as recommended in the Ca MTUS to determine frequency of UDS testing indicated; therefore the requested services not medically necessary.

Prilosec 40mg #30 1 Capsule Daily (Prescribed 11/07/14;: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: Prilosec 40mg #30 1 Capsule Daily (Prescribed 11/07/14) is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long term use of PPI, or misoprostol or Cox-2 selective agents has been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen. Prilosec is therefore, not medically necessary.

Tramadol 50 Mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 83.

Decision rationale: Tramadol is not medically necessary. Tramadol is a centrally- acting opioid. Per MTUS page 83, opioids for osteoarthritis are recommended for short-term use after failure of first line non-pharmacologic and medication option including Acetaminophen and

NSAIDS. Additionally, Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. Given Tramadol is a synthetic opioid, its use in this case is not medically necessary. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid and all other medications.