

Case Number:	CM15-0144974		
Date Assigned:	08/11/2015	Date of Injury:	10/01/2013
Decision Date:	09/15/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery

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 40-year-old female who sustained an industrial injury on 10-01-2013 cumulative trauma injuries to multiple body parts. Treatment provided to date has included: physical therapy; injections; medications; and conservative therapies and care. Recent diagnostic testing included urine toxicology screening with consistent results. There were no noted co-morbidities or other dates of injury noted. MRI lumbar spine demonstrates mild degenerative disc disease L3-L5 with 3 mm herniated disc at L4/5 on the right with mass effect on the right L5 nerve root. On 06-05-2015, physician progress report noted complaints of low back pain with increasing right lower extremity symptoms. The symptoms were rated 10 out of 10 in severity; however, this was not specified as a pain level. Additional complaints included not able to walk more than 10 minutes continuously, inability to leave home more than 3 days per week due to increased pain and marked limitations, instability, near falls, right shoulder pain rated 5 out of 10, cervical pain rated 5/10 with right upper extremity symptoms, right hip pain rated 5 out of 10, and bilateral wrist pain rated 6 out of 10. Current medications include cyclobenzaprine, naproxen and pantoprazole. The physical exam revealed tenderness in the lumbar spine, restricted range of motion (ROM) in the lumbar spine, positive straight leg raise at 30°, positive cross straight leg raise, right extensor hallucis longus 4- out of 5, right inversion 4 out of 5, diminished sensation in the right L5 dermatomal distribution, spasm lumbar paraspinal musculature. The provider noted diagnoses of disc protrusion at L4-5 with right L5 neural encroachment and progressive neuro deficit, right shoulder tendinitis and bursitis, protrusion 2mm at C6-7, right hip pain, and bilateral wrist and hand pain (rule out upper extremity

compression neuropathy). Plan of care includes right L4-5 decompression surgery, physical therapy for the cervical spine and right shoulder, psychological consultation with follow-up, topical gabapentin, continuation of cyclobenzaprine and naproxen, urine toxicology screening, and follow-up in 4 weeks. The injured worker's work status was temporarily totally disabled. The request for authorization and IMR (independent medical review) includes: Lumbar decompression at the right L4-L5, gabapentin 6% in base cream 300gm, tramadol HCL ER 150mg #30, Norco 10-325mg #60, Anaprox 550mg #60, and Keflex 600mg #28.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar decompression at right L4-L5: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline, Low Back, Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation ODG, Low back, Discectomy/laminectomy.

Decision rationale: CA MTUS/ACOEM Low back complaints, page 308-310 recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the ODG Low Back, discectomy/laminectomy criteria, discectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this patient, there is documentation of a lumbar radiculopathy with weakness in tibialis anterior per the exam note of 6/5/15. Therefore, the guideline criteria have been met and the request is medically necessary.

Gabapentin 6% in base 300 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, the request is not medically necessary.

Tramadol HCL ER 150 mg, thirty count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. The request for Tramadol following lumbar decompression is warranted for post surgical pain. Therefore, use of Tramadol is medically necessary.

Norco 10/325 mg, sixty count: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. There is insufficient evidence why a second pain medication is required post surgically. Therefore, the request is not medically necessary.

Anaprox 550 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66.

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 66 states that Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is used as first line treatment but long-term use is not warranted. In this case, the continued use of Naproxen is not warranted, as there is no demonstration of functional improvement from the exam note from 6/5/15. Therefore, the request is not medically necessary.

Keflex 600 mg, 28 count: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bibliography Stulberg DL, Penrod MA, Blatny RA. Common bacterial skin infections. Am Fam Physician. 2002 Jul 1; 66 (1): 119-24.

Decision rationale: CA MTUS/ACOEM and ODG are silent on the issue of Keflex. An alternative guideline was utilized. According to the American Family Physician Journal, 2002 July 1; 66 (1): 119-125, titled "Common Bacterial Skin Infections," Keflex is often the drug of choice for skin wounds and skin infections. It was found from a review of the medical record submitted of no evidence of a wound infection to warrant antibiotic prophylaxis. The request for Keflex is therefore not medically necessary.