

<b>Case Number:</b>	CM15-0191793		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	04/04/2008
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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, Indiana, Oregon  
 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 56 year old male, who sustained an industrial injury on April 4, 2008, incurring head neck and lower back injuries. He was diagnosed with lumbar degenerative disc disease, lumbar stenosis, lumbar radiculopathy, cervicgia and neuritis. Treatment included pain medications, physical therapy, chiropractic sessions, acupuncture, transcutaneous electrical stimulation unit, electrostimulation and epidural steroid injection, and activity restrictions. Currently, the injured worker complained of increased lower back pain radiating down into the bilateral lower extremities and into his feet. His pain increased 50 percent more with ambulation. He rated his low back pain 5 out of 10 on a pain scale from 0 to 10 without medications and 3 out of 10 with medications. Presently, at its worst he rated his low back pain 9 out of 10. He gets relief with rest and medications. The injured worker noted that when he ambulated, his legs would cramp and felt like giving out on him losing his balance. The treatment plan that was requested for authorization included lumbar sacral decompressive laminectomies with partial discectomies and placement of a Colflex device; a post-operative brace purchase; prescriptions for Naproxen, Omeprazole, Percocet and Cyclobenzaprine; and a length of stay duration not specified. On September 14, 2015, a request for a Colflex device was denied; a request for a prescription for Percocet #150 was modified to #90; a prescription for Cyclobenzaprine #60 was modified to #20; and a length of stay duration was modified to one day by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op Brace purchase:** 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Naproxen 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**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 notes. Therefore the request is not medically necessary.

**Omeprazole DR 20mg #60:** 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) web, 2015. NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines, page 68, recommendation for Prilosec is for patients with risk factors for gastrointestinal events. The cited records do not demonstrate that the patient is at risk for gastrointestinal events. Therefore the request is not medically necessary.

**L4, L5, and S1 decompressive laminectomies with L4-L5 and L5-S1 partial disectomies and placement of L4-L5 and L5-S1 colflex device:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**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.

**Decision rationale:** CAMTUS/ACOEM is silent on dynamic, non-fusion lumbar interspinous implants. ODG low back is referenced. Dynamic stabilization is not recommended for non-specific low back pain. There may be a role for spinal stenosis treatment in the elderly where fusion is an untenable option. There is limited support for the notion that semi-rigid fixation yields better patient specific results than fusion. Long term follow up studies are pending before the concept can be recommended. As the requested procedure lacks long clinical outcome data, the request is not medically necessary.

**Percocet 5/325mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**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. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. In this case, there is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity due to medications. Therefore the request is not medically necessary.

**Cyclobenzaprine 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

**Decision rationale:** According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, pages 41-42, recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril ()) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better (Browning, 2001). Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In this particular case the patient has no evidence in the records of functional improvement, a quantitative assessment on how this medication helps, percentage of relief lasts, increase in function, or increase in activity. Therefore chronic usage is not supported by the guidelines. Therefore the request is not medically necessary.

**LOS (length of stay) duration not specified:** 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.