

Case Number:	CM15-0199723		
Date Assigned:	10/14/2015	Date of Injury:	05/11/2011
Decision Date:	11/23/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old female who sustained an industrial injury on 5-11-11. A review of the medical records indicated the worker is undergoing treatment for cervical radiculopathy, disc displacement not otherwise specified without myelopathy, intervertebral disc disorder, and lumbosacral radiculopathy. Subjective complaints (9-28-15) include "significant" lower back pain, radiating pain to the lower extremities, with numbness, tingling, weakness, and difficulty with daily activities as well as with prolonged sitting, standing, walking, kneeling and stooping. Objective findings (9-28-15) include spasm, tenderness and guarding in the paravertebral muscles of the lumbar spine with decreased range of motion, decreased dermatomal sensation with pain over the bilateral L5 dermatomes. An antalgic gait with use of a cane is noted. A request for authorization is dated 10-1-15. The treatment plan includes proceeding with a lumbar arthrodesis procedure at the L4-L5 level (noted as authorized), 24 sessions of post-operative physical therapy, a shower chair, Levaquin 500mg (#20 per the request for authorization 10-1-15) to be taken once daily postoperatively to prevent infection, Zofran 8mg #10, Norco (noted since at least 1-30-15) 5-325mg #60 twice daily with 5 refills, and Norflex 100mg #60 twice daily with 5 refills. On 10-8-15, the requested treatment of Levaquin 500mg #20 was denied, Norco 5-325mg #60 with 5 refills was modified to Norco 5-325mg #40 with 0 refills, and Norflex 100mg #60 with 5 refills was modified to Norflex 100mg #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levaquin 500mg, #20: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bratzler DW, Dellinger EP, Olsen KM, Perl TM, Auwaerter PG, Bolon MK, Fish DN, Napolitano LM, Sawyer RG, Slain D, Steinberg JP, Weinstein RA. Clinical practice guidelines for antimicrobial prophylaxis in surgery. Am J Health Syst Pharm. 2013 Feb 1; 70 (3): 195-283.

Decision rationale: The claimant sustained a work injury in May 2011 when, while working as a janitor, she slipped and fell on her back. She had headaches, neck, and low back pain. In January 2015, she underwent an L4/5 hemi laminectomy with decompression. In September 2015, she had ongoing chronic low back pain with lower extremity radiating symptoms. Medications were decreasing pain from 7/10 to 5-6/10. Norco, gabapentin, and Zanaflex were being prescribed. She had been approved for an L4/5 lumbar fusion. She was seen for a preoperative evaluation on 09/28/15. Physical examination findings included ambulating with a cane. Authorization was requested for postoperative antibiotics and Norco and Norflex were continued and prescribed with five refills. Levofloxacin is a fluoroquinolone antibacterial indicated in adults with infections caused by designated, susceptible bacteria. In this case, it is being prescribed as prophylaxis following surgery. The claimant has not undergone the surgical procedure and there is no identified infection or underlying medical condition that would establish the need for this medication after surgery. It is not medically necessary.

Norco 5/325mg, #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, long-term assessment, Opioids, criteria for use.

Decision rationale: The claimant sustained a work injury in May 2011 when, while working as a janitor, she slipped and fell on her back. She had headaches, neck, and low back pain. In January 2015 she underwent an L4/5 hemi laminectomy with decompression. In September 2015, she had ongoing chronic low back pain with lower extremity radiating symptoms. Medications were decreasing pain from 7/10 to 5-6/10. Norco, gabapentin, and Zanaflex were being prescribed. She had been approved for an L4/5 lumbar fusion. She was seen for a preoperative evaluation on 09/28/15. Physical examination findings included ambulating with a cane. Authorization was requested for postoperative antibiotics and Norco and Norflex were continued and prescribed with five refills. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination

opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain. However, criteria for the use of opioids include an assessment of pain and response to non-opioid analgesic medications. When requested, the claimant had not undergone the planned surgery. Without assessing pain following the procedure, predicting a need for opioid medication would not be possible. Prescribing Norco for another six months prior to undergoing the planned procedure is not appropriate or medically necessary.

Norflex 100mg, #60 with 5 refills: 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): Muscle relaxants (for pain).

Decision rationale: The claimant sustained a work injury in May 2011 when, while working as a janitor, she slipped and fell on her back. She had headaches, neck, and low back pain. In January 2015 she underwent an L4/5 hemi laminectomy with decompression. In September 2015, she had ongoing chronic low back pain with lower extremity radiating symptoms. Medications were decreasing pain from 7/10 to 5-6/10. Norco, gabapentin, and Zanaflex were being prescribed. She had been approved for an L4/5 lumbar fusion. She was seen for a preoperative evaluation on 09/28/15. Physical examination findings included ambulating with a cane. Authorization was requested for postoperative antibiotics and Norco and Norflex were continued and prescribed with five refills. Norflex (orphenadrine) is a muscle relaxant in the antispasmodic class and is similar to diphenhydramine, but has greater anticholinergic effects. Its mode of action is not clearly understood. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, it is being prescribed on a long-term basis. Planned use is for at least another six months following surgery. The claimant has not undergone the surgical procedure and it would not be possible to predict the need for this medication prior to surgery. The request is not medically necessary.