

Case Number:	CM15-0041372		
Date Assigned:	03/11/2015	Date of Injury:	08/04/2011
Decision Date:	04/17/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/04/2015

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: New York
 Certification(s)/Specialty: Neurological 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:

This 33-year-old female on 08/04/2011 reported a back injury after moving a soda cooler. The injured worker is now diagnosed as having chronic low back pain and right lower extremity radicular pain, discogenic disc disease, degenerative disc disease at L4-5 and L5-S1, and lower extremity sensory and motor radiculopathy. MRI of lumbar spine on 02/26/14 and 10/7/2014 showed only lumbar disc bulges. Treatment to date has included discogram on 12/19/14, which showed concordant pain and an annular fissure at L3-4, MRI of lumbar spine, physical therapy, lumbar epidural injections, and medications. Exam on 01/06/15 showed give way weakness of both legs, symmetrical DTRs and a positive right straight leg-raising test. In a progress note dated 01/06/2015, the injured worker presented with complaints of continued severe deep low back pain with radiation down both lower extremities. The treating physician reported the injured worker is a candidate for spinal surgery and for a trial of spinal cord stimulation

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific anti-epilepsy drugs: Gabapentin Page(s): 18-19.

Decision rationale: The California MTUS guidelines note that gabapentin has been shown effective for painful diabetic neuropathy and post herpetic neuralgia. It is considered first-line treatment for neuropathic pain. An adequate trial titration recommendation was up to 8 weeks. Documentation shows this medications efficacy in this patient. Gabapentin 300mg#90 is medically necessary and appropriate for this patient.

Carisoprodol 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63 and 65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasmodics Carisoprodol Page(s): 65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications-Muscle relaxants-Antispasmodics-Carisoprodol.

Decision rationale: The California MTUS guidelines do not recommend this medication for longer than 2-3 weeks. They note the side effects of psychological and physical dependence and withdrawal with acute discontinuation. Documentation does not include counseling about these problems. The FDA approved a 250 mg formulation for no longer than 2-3 weeks. The ODG guidelines do not recommend carisoprodol. The requested treatment: Carisoprodol 350 mg" 60 is not medically indicated and appropriate.

Omeprazole 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Proton pump inhibitors.

Decision rationale: The ODG guidelines do recommend omeprazole for patients who are at risk for gastrointestinal events. They have been shown to prevent gastric ulcers induced by NSAIDS. Since documentation has indicated the patient has risks, then the requested treatment omeprazole 20 mg. #30 is medically necessary and appropriate.

Oxycodone 15mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, weaning of medications Page(s): 92 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-oxycodone Page(s): 92, 78.

Decision rationale: The California MTUS guidelines note that Oxycodone should initially be administered 2.5 to 5 mg every four to 6 hours. The guidelines further recommend that the lowest possible dose to gain effect should be chosen. In the management of the patient receiving opioids, the guidelines also recommend the patient keep a diary and the provider monitor the patient for physical and psychosocial functionality and side effects. Documentation does not provide this evidence. The requested treatment oxycodone 15mg#180 is not medically necessary and appropriate.

Lumbar Brace: 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): Low Back (updated 1/14/15).

MAXIMUS guideline: Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter-lumbar supports.

Decision rationale: The ODG guidelines do not recommend lumbar supports for preventing back pain. The guidelines found strong consistent evidence that exercise interventions were effective. Lumbar supports were recommended as an option for treating compression fractures, spondylolisthesis and documented instability. The patient has none of these. The requested treatment lumbar brace is not medically necessary and appropriate.

Pre-op Medical Clearance: Upheld

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

MAXIMUS guideline: Decision based on Non-MTUS Citation Since the requested treatment: Anterior lumbar interbody fusion L3-4 is not medically reasonable and appropriate, then the requested treatment: Pre-operative medical clearance is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: Anterior lumbar interbody fusion L3-4 is not medically reasonable and appropriate, then the requested treatment: Pre-operative medical clearance is not medically necessary and appropriate.

Vascular Surgeon for Anterior Approach: Upheld

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

MAXIMUS guideline: Decision based on Non-MTUS Citation Since the requested treatment: Anterior lumbar interbody fusion L3-4 is not medically reasonable and appropriate, then the

requested treatment: Vascular surgeon for anterior approach is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: Anterior lumbar interbody fusion L3-4 is not medically reasonable and appropriate, then the requested treatment: Vascular surgeon for anterior approach is not medically necessary and appropriate.

Anterior Lumbar Interbody Fusion L3-L4: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-307.

Decision rationale: The California MTUS guidelines do recommend a spinal fusion for traumatic vertebral fracture, dislocation and instability. This patient has not had any of these events. The guidelines do not recommend lumbar discography as support for preoperative indications for spinal fusion. Moreover, the guidelines indicate that there should be clear clinical, imaging and electrophysiologic evidence of the presence of a lesion that is known to respond to surgical repair both in the short and long term. The MRIs of the lumbar spine note only bulging lumbar discs. The requested treatment: Anterior lumbar interbody fusion L3-4 is not medically reasonable and appropriate.