

Case Number:	CM15-0052707		
Date Assigned:	03/26/2015	Date of Injury:	06/26/2009
Decision Date:	05/04/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/19/2015

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 64-year-old female sustained an industrial injury on 6/26/09. She subsequently reported low back pain. Diagnostic testing has included X-rays and MRIs. Diagnoses include cervical herniated disc, cervical spondylosis without myelopathy, cervical stenosis and lumbar stenosis. Treatments to date have included prescription pain medications. The injured worker continues to report back pain with radiation to the extremities. Requests for Postoperative Cervical Brace Purchase, Home Health Assistant Pre and Post Op, 7 days per week/ 4-6 hours per day for 2 weeks, Associated surgical service: Vascutherm 4 DVT system with Hot/Cold Compression, 2 weeks rental, Pre-op Work Up to include HP and Surgical Clearance with Internist or General Practitioner, EKG, Chest X-ray, and labs -CBC, BMP, PT/PTT, INR, and Urinalysis, Compound Tramadol Pwd 15%/Dextromethorphan HBR Pwd 10%/Capsaicin Pwd 0.025%/PCCA Lipoderm base, prescribed 6/11/14 and 7/23/14, Compound Flurbiprofen Pwd 20%/Lidocaine Pwd 5%/Menthol Levo Crystals 5%/Camphor Crystals 1%/PCCA Lipoderm base prescribed 6/11/14 and 7/23/14 and Tramadol 150mg #90 prescribed 6/11/14 were made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative Cervical Brace Purchase: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter-Back brace, post operative(fusion).

Decision rationale: The ODG guidelines do not recommend a cervical collar after a single level anterior cervical fusion with plate. However, this patient received authorization for C4-6 fusion. The guidelines noted there might be special circumstances involving multilevel cervical fusion where the brace might be desirable. Thus the requested treatment: Post-Operative Cervical Brace Purchase is medically necessary and appropriate.

Home Health Assistant Pre and Post Op, 7 days per week/4-6 hours per day for 2 weeks:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter-Home health services.

Decision rationale: The ODG guidelines do recommend home health services if the patient is homebound. Documentation does not give evidence this is the case. The guidelines also note the recommendation is for patients who need medical treatment, not shopping, cleaning or laundry. Documentation does not outline the treatment the home health services would supply. The requested treatment: Home Health Assistant Pre and Post op, 7 days per week/4-6 hours per day for 2 weeks are not medically necessary and appropriate.

Associated surgical service: Vascutherm 4 DVT system with Hot/Cold Compression, 2 weeks rental: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter-venous thrombosis.

Decision rationale: The ODG guidelines do recommend identifying subjects who are at high risk for developing venous thrombosis. The guidelines indicate that the combination of compression devices as needed with aspirin may reduce the risk. The requested treatment: Associated surgical service: Vascutherm 4 DVT system with Hot/Cold Compression, 2 weeks rental is medically necessary and appropriate.

Pre-op Workup to include HP and Surgical Clearance with Internist or General Practitioner, EKG, Chest X-ray, and labs -CBC, BMP, PT/PTT, INR, and Urinalysis:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative testing, general.

Decision rationale: The ODG guidelines do recommend preoperative testing when the investigation can help stratify risk, direct anesthetic choices and guide postoperative management by medical necessity. The documentation does not furnish evidence why the preoperative clearance could not reasonably be accomplished by the operating surgeon. While the guidelines do recommend an EKG for those patients undergoing high risk surgery or those patients undergoing intermediate risk procedures with comorbidities and risk factors, the documentation does not furnish evidence this is the case. The guidelines indicate chest radiography would be indicated for those at risk of pulmonary complications if the findings would affect peri-and postoperative management. The requested treatment: Pre-op Workup to include HP and Surgical Clearance with Internist or General Practitioner, EKG, Chest X-ray, and labs CBC, BMP, PT/PTT, INR, and Urinalysis is not medically necessary and appropriate.

Compound Tramadol Pwd 15%/Dextromethorphan HBR Pwd 10%/Capsaicin Pwd 0.025%/PCCA Lipoderm base, prescribed 6/11/14 and 7/23/14: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter(updated 4/16/15)Topical analgesics.

Decision rationale: The ODG guidelines do not recommend the use of compounded agents unless there is knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal. Documentation does not contain support for this knowledge. The guidelines also do not recommend custom compound use if they have not been subjected to scientific study. Documentation does not contain this information. The requested Treatment: Compound Tramadol Pwd 15%/Dextromethorphan HBR Pwd 10%/Capsaicin Pwd 0.025%/PCCA Lipoderm base, prescribed 6/11/14 and 7/23/14 is not medically necessary and appropriate.

Compound Flurbiprofen Pwd 20%/Lidocaine Pwd 5%/Menthol Levo Crystals 5%/Camphor Crystals 1%/PCCA Lipoderm base prescribed 6/11/14 and 7/23/14: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter(updated 4/16/15)Topical analgesics.

Decision rationale: The ODG guidelines do not recommend the use of compounded agents unless there is knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal. Documentation does not contain support for this knowledge. The guidelines also do not recommend custom compound use if they have not been subjected to scientific study. Documentation does not contain this information. The ODG guidelines do not recommend the use of topical NSAIDs for low back pain. Requested Treatment: Compound Flurbiprofen Pwd 20%/Lidocaine Pwd 5%/Menthol Levo Crystals 5%/Camphor Crystals 1%/PCCA Lipoderm base prescribed 6/11/14 and 7/23/14 is not medically necessary and appropriate.

Tramadol 150mg #90 prescribed 6/11/14: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter(updated 4/16/2015) Tramadol.

Decision rationale: The ODG guidelines recommend tramadol as an option. The guidelines caution the drug has been associated with the potentially fatal adverse event of hypoglycemia and can be associated with a serotonin syndrome. They note the FDA limits the maximum clinical dose to 400mg/day. The requested treatment: Tramadol 150mg #90 prescribed 6/11/14 is medically necessary and appropriate.