

Case Number:	CM15-0057729		
Date Assigned:	04/02/2015	Date of Injury:	08/30/2003
Decision Date:	06/11/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/26/2015

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, Sports Medicine

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 67-year-old male who reported an injury on 08/30/2003. The mechanism of injury was not provided. His diagnoses include degeneration of cervical intervertebral disc. Past treatments included bilateral greater occipital nerve blocks, surgery, and medications. An electrodiagnostic study indicated the injured worker had chronic left C7 radiculopathy with moderate left median neuropathy at the wrist and mild to moderate left ulnar neuropathy at the elbow. It was also indicated the injured worker underwent a CAT scan that revealed foraminal stenosis at C6-7. Previous surgical history included a cervical fusion from C3-7 on an unspecified date. On 02/17/2015, it was indicated the injured worker had neck pain and headaches. Upon physical examination, it was indicated the injured worker had limited range of motion to his cervical spine and a positive Tinel's to the bilateral carpal tunnel regions. Current medications included Norco, Lyrica, Ambien, ibuprofen, Amrix, and Flector patch. The treatment plan included renewing medications, left cubital tunnel release, and foraminotomy for decompression to the C7 nerve root. A request was received for posterior foraminotomy for decompression of the left C7 nerve root cervical spine, Amrix 15 mg #120, hydrocodone/acetaminophen 10/325 mg #120, Lyrica 75 mg #90, zolpidem tartrate 10 mg #30, and ibuprofen 800 mg #180 without a rationale. A Request for Authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior foraminotomy for decompression of the left C7 nerve root cervical spine: 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), Neck and Upper Back, discectomy-laminectomy-laminoplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

Decision rationale: According to the California MTUS Guidelines, surgical consideration may be indicated for those that have persistent, severe, and disabling shoulder or arm symptoms; activity limitation for more than a month; clear clinical, imaging, and electrophysiologic evidence; and unresolved radicular symptoms despite conservative treatment. The clinical documentation submitted for review indicated the injured worker had pain and limited range of motion to the cervical spine. However, there was a lack of information regarding previous conservative therapy to include physical therapy, nor was there information regarding neurological deficits to include decreased motor strength, decreased deep tendon reflexes, decreased sensation, and a positive Spurling's test. Moreover, an MRI was not provided. Consequently, the request is not supported by the evidence based guidelines. As such, the request for posterior foraminotomy for decompression of the left C7 nerve root cervical spine is not medically necessary.

Amrix 15mg 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: According to the California MTUS Guidelines, muscle relaxants, such as cyclobenzaprine, or Amrix, are indicated for spasticity and are not recommended to be used for more than 3 weeks. The clinical documentation submitted for review did not indicate efficacy, spasms, or duration of use. Consequently, the request is not supported. Moreover, the request did not specify a duration and frequency of use. As such, the request for Amrix 15 mg #120 is not medically necessary.

Hydrocodone/Acetaminophen 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, ongoing use of opioids must be monitored with the direction of the 4 A's. The 4 A's for ongoing monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The clinical documentation submitted for review did not indicate the injured worker's pain and ADLs with and without the use of this medication. Moreover, a urine drug screen was not provided to determine medication compliance. Consequently, the request is not supported. Additionally, the request did not specify a duration and frequency of use. As such, the request for hydrocodone/ acetaminophen 10/325 mg #120 is not medically necessary.

Lyrica 75mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

Decision rationale: According to the California MTUS Guidelines, Lyrica is indicated for diabetic neuropathy, post-herpetic neuralgia, generalized anxiety disorder and social anxiety disorder, as well as fibromyalgia. The clinical documentation submitted for review did not indicate the injured worker had such diagnoses. Additionally, efficacy was not documented in terms of pain relief and functional improvement. Consequently, the request is not supported. Moreover, the request did not specify a duration and frequency of use. As such, the request for Lyrica 75 mg #90 is not medically necessary.

Zolpidem tartrate 10mg #30: 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), Zolpidem (Ambien).

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

Decision rationale: According to the Official Disability Guidelines, Ambien is a short acting nonbenzodiazepine that is recommended for no more than 10 days. The clinical documentation submitted for review did not indicate a rationale for the medication nor was efficacy documented. Additionally, it was not indicated how long the injured worker had been on this medication. Consequently, the request is not supported by the evidence-based guidelines. Moreover, the request did not specify duration and frequency of use. As such, the request for zolpidem tartrate 10 mg #30 is not medically necessary.

Ibuprofen 800mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: According to the California MTUS Guidelines, NSAIDs, such as ibuprofen, are recommended for short-term symptomatic relief. The clinical documentation submitted for review indicated the injured worker had neck pain. However, the injured worker's pain was not documented quantitatively on a VAS. Moreover, efficacy was not documented in terms of pain relief and functional improvement. Consequently, the request is not supported. Moreover, the request did not specify a duration and frequency of use. As such, the request for ibuprofen 800 mg #180 is not medically necessary.