

<b>Case Number:</b>	CM14-0168320		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	01/07/2012
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 48 year old male was injured 1/7/12 when the horse he was shearing reared up and backed into him causing him to hit his head on a metal pipe. On 10/7/2014 he had a left cervical foraminotomy at C5-6. Post-operative PR2s of 10/23/2014, 11/21/14 and 1/08/15 indicate persistent neck and back pain with associated numbness and tingling to his toes. His pain intensity is 4-6/10. On physical exam the cervical range of motion was decreased with triceps strength at 5-/5. Pre-operatively he had failed to improve significantly with conservative therapies that included physical therapy (5 visits) no relief, chiropractic (24 visits) provided minor relief, acupuncture (24 visits) offered no relief, activity modification and epidural steroid injections (ESI) on 5/10/13 at L5 and S1; 5/17/13 at C5-6 (with this he had significant benefit); 9/6/13 cervical ESI at C5-6 (with worsening neck and arm pain) Radiographs of the cervical spine, left and right shoulders (9/18/13) were unremarkable. MRI (1/8/14) demonstrated C5-6 severe left neural foraminal narrowing. Chiropractic sessions (3/27/14-4/3/14) indicated slower than expected progress. His Diagnoses include degenerative disc disease of the cervical, thoracic and lumbar spines; retrolisthesis C4-5 and C5-6; HNPs of cervical spine with canal stenosis; facet arthropathy of thoracic spine; canal stenosis L4-5 and neural foraminal narrowing right L4-5 and L5-S1. His activities of daily living are compromised including sitting, standing and walking, cooking was not compromised. His sleep was disturbed because of pain. He continues to work in a modified capacity one hour a day. His medications included Norco, Prilosec, Ketoprofen cream. Norco decreases his pain by more than 50%. Post operative chiropractic visits were prescribed and denied. On 9/11/14 Utilization Review (UR) non-certified the request for

general orthopedic follow up based on the need for additional information. The request for general practitioner follow ups was non-certified based on that it is a duplication of services. The request for omeprazole was non-certified based on no documented risk factors. The request for pre-operative clearance was non-certified based on this service being a component of the surgical services and does not warrant a separate authorization. The request for electrocardiogram (EKG) was non-certified based on no evidence that an EKG was required. Regarding the chest x-ray, there was no evidence or indication that the injured worker had had signs and symptoms of new or unstable cardiopulmonary disease. Regarding the request for 1 pre-op labs additional information was needed to certify the request. The request for CM3-Ketoprofen 20% was non-certified based on non-FDA approval and has an extremely high incidence of photo contact dermatitis and absorption of the drug depends on the base it is delivered in. Guidelines referenced were MTUS Chronic Pain Treatment Guidelines, ACOEM and ODG.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Unknown general practitioner follow-ups:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180, Chronic Pain Treatment Guidelines Chronic Pain Medical Guidelines Page(s): 60,124.

**Decision rationale:** Unresolved radicular symptoms post-operatively would fall under the responsibility of the operating surgeon who would also direct the therapeutic exercise program to help the worker regain function. The surgeon would have the specialized expertise not usually available to the general practitioner whose services would not be necessary until the surgeon releases the patient from his care. Moreover, the surgeon would be the first one to set up a medication program for his patient which would document efficacy. Since MTUS guidelines clearly recommend weaning the worker off opiates, the surgeon who is prescribing post-operative analgesics would be responsible for initiating this also.

**Omeprazole 20 mg, sixty count:** 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) - Medications Chapter- Pronton pump inhibitors

**Decision rationale:** Omeprazole is a proton pump inhibitor.(PPIs) ODG guidelines recommend PPIs when the patient is at risk for gastrointestinal events. Documentation does not provide evidence that the worker is at great risk. When it is prescribed ODG guidelines recommend its

use for the lowest dose and the shortest possible time. Documentation is not presented this has been considered.

**One medicine consult for pre-operative clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 Edition, pages 92 - 93

**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- Discectomy-laminectomy

**Decision rationale:** A complex and multifaceted history of comorbid conditions which would indicate the prudent advisability of a medical consult for this worker is not presented. The operating surgeon is always responsible for a competent admission history and physical exam. The need for a medicine consult to offer wisdom for the admitting provider is not presented. The ODG guidelines do not list a place for the medicine consult.

**One electrocardiogram (EKG):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI), Preoperative Evaluation, Bloomington (MN); 2006 July, page 33

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Spinal fusion Chapter- preoperative electrocardiogram(EKG)

**Decision rationale:** According to ODG guidelines electrocardiograms are recommended for those undergoing high-risk surgery such as aortic and other major vascular surgery. They are recommended in those patients undergoing intermediate-risk surgery who have additional risk factors. If the patient has no known risk factors for coronary disease they may be necessary. Documentation is not provided the worker is at high risk or has additional risk factors.

**One chest X-ray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI), Preoperative Evaluation, Bloomington (MN); 2006 July, page 33

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

**Decision rationale:** According to ODG guidelines chest radiography is recommended if the patient is at risk of postoperative pulmonary complications if the results would change the perioperative management. Documentation is not presented about any pulmonary problems during the worker's hospitalizations for his prior operations. Documentation is not provided on how anesthetic choices would be directed if a chest x-ray were obtained.

**Preoperative labs:** 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 Official Disability Guidelines (ODG) - Spinal fusion Chapter (preoperative testing, general)

**Decision rationale:** Preoperative labs are recommended if an individual is undergoing cataract surgery. According to the ODG guidelines for routine preoperative testing there is insufficient evidence comparing routine and per-protocol testing. Documentation does not show a protocol with selective testing based on the provider's findings.

**One prescription of CM3-Ketoprofen 20%:** 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) - Medications, Ketoprofen, topical

**Decision rationale:** Per ODG guidelines topical ketoprofen is not recommended in the U.S. When they have been recommended it is generally for short term use for acute sprains/strains and longer term use for osteoarthritis of the knee and hand. Compound medications are not FDA approved. Topical ketoprofen is not listed in the ODG Formulary.