

Case Number:	CM15-0012888		
Date Assigned:	01/30/2015	Date of Injury:	03/12/2012
Decision Date:	03/20/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/22/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic 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:

The injured worker is a 47-year-old male, who sustained an industrial injury on March 12, 2012. The diagnoses have included left L5-S1 radiculopathy secondary to lumbar disc protrusion and foraminal stenosis at the left L5-S1 level, status post cervical discectomy and fusion x2, C3-C4 and C5-C6 levels, and status post bilateral carpal tunnel releases. Conservative treatment to date has included epidural injections, physical therapy, TENS, and medications. Records indicated that the patient has been using Norco 10/325 mg two to three times per day for pain management since at least 4/14/14, along with Anaprox 550 mg twice a day. Records documented good reduction in pain scores and improvement in function with the use of these medications. Currently, the injured worker complains of significant left lumbar radicular pain, and persistent neck pain, stiffness, and upper extremity radicular pain. The Primary Treating Physician's report dated December 16, 2014, noted diffuse tenderness in the lower lumbar area, with straight leg raising on the left positive at 30 degrees. On January 13, 2015, Utilization Review certified a surgical request for left lumbar decompression at the L5/S1 level, post-op Norco 10/325 #60, and post-op Anaprox 550 mg #60. The utilization review non-certified post-operative Tramadol, HCL ER 150mg #30, post-operative Tramadol 50mg #60, and post-operative Keflex 550mg #28, noting the medications were not medically necessary or consistent with MTUS or other standards of evidence based medicine. On January 22, 2015, the injured worker submitted an application for IMR for review of post-operative Tramadol, HCL ER 150mg #30, post-operative Tramadol 50mg #60, and post-operative Keflex 550mg #28.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Tramadol HCL ER 150 mg, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Opioids, criteria for use, Tramadol Page(s): 76-80, 93-94, 113.

Decision rationale: The California MTUS indicate that opioids, such as Tramadol, are recommended for moderate to moderately severe pain. Tramadol is an opioid analgesic and is not recommended as a first line oral analgesic. The extended release formulation is intended for around-the-clock analgesia. Guideline criteria have not been met. There is no indication that the currently certified post-operative Norco and Anaprox will be inadequate to control pain. Good functional and pain relief benefit have been achieved with these medications at relatively low doses. There is no indication that this patient would require around-the-clock analgesia for an extended period of time. There is no compelling reason to support the medical necessity of an additional opioid for pain management. Therefore, this request for post-operative Tramadol, HCL ER 150mg #30 is not medically necessary.

Post-operative Tramadol 50 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Opioids, criteria for use Page(s): 76-80, 93-94, 113.

Decision rationale: The California MTUS indicate that opioids, such as Tramadol, are recommended for moderate to moderately severe pain. Tramadol is an opioid analgesic and is not recommended as a first line oral analgesic. Guideline criteria have not been met. There is no indication that the currently certified post-operative Norco and Anaprox will be inadequate to control pain. Good functional and pain relief benefit have been achieved with these medications at relatively low doses. There is no compelling reason to support the medical necessity of an additional opioid for pain management. Therefore, this request for post-operative Tramadol 50mg #60 is not medically necessary.

Post-operative Keflex 550 mg, 28 count: 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 Card R, Sawyer M, Degnan B, Harder K, Kemper J,

Marshall M, Matteson M, Roemer R, Schuller-Bebus G, Swanson C, Stultz J, Sypura W, Terrell C, Varela N. Perioperative protocol. Health care protocol. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2014 Mar. 124 p

Decision rationale: The California MTUS does not provide guidance for post-operative antibiotics. The National Guideline Clearinghouse was referenced. Current evidence based medical guidelines recommend that clinicians should administer an appropriate prophylactic antibiotic for the intended procedure within one hour prior to surgical incision or two hours for vancomycin/fluoroquinolones when indicated. Prophylactic antibiotics should be discontinued within 24 hours after surgery end-time for all non-cardiac procedures. Guideline criteria have not been met. This request for post-operative Keflex 550mg #28 exceeds current guidelines for pre-operative and immediate post-operative antibiotic prophylaxis. Guidelines state that prophylactic antibiotics should be discontinued within 24 hours after surgery end-time for all non-cardiac procedures. Therefore, the request for post-operative Keflex 550mg #28 is not medically necessary.