

<b>Case Number:</b>	CM15-0123362		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	07/28/2003
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: 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:

The injured worker is a 44-year-old male, who sustained an industrial injury on July 28, 2003. He reported a machine took hold of the rag he was holding causing a pulling and twisting injury to the right upper extremity radiating to the neck region with amputation of the right thumb requiring surgical reattachment. The injured worker was diagnosed as having musculoligamentous strain of the lumbar spine, an 11mm spondylolisthesis at L5-S1 with a 3mm posterior bulge at L4-L5, musculoligamentous sprain/strain of the cervical spine, and a 3-4mm disc bulge at C6-C7 and T2-T3 with radicular symptoms. Treatments and evaluations to date have included an electrodiagnostic study, right shoulder surgery, MRIs, physical therapy, and medication. Currently, the injured worker complains of constant pain in the cervical spine, pain in the lumbar spine, and pain in the right shoulder, with a flare-up of symptoms. The Orthopedic re-evaluation dated May 20, 2015, noted an electromyography (EMG)/nerve conduction velocity (NCV) study revealed no evidence of chronic active denervation in the cervical spine or upper thoracic spine. Physical examination was noted to show tenderness to palpation over the cervical spine paracervical muscle with decreased range of motion (ROM), an auxiliary test positive, and tenderness to palpation over the lumbar spine paravertebral muscles with decreased range of motion (ROM) and palpable tenderness over the SI joint. The right shoulder was noted to have mild discomfort on abduction. The treatment plan was noted to include a request for authorization for a cervical discectomy and fusion and lumbar laminectomy with spinal stabilization procedure, and prescribed Tramadol, Zantac, and Ambien. The injured worker was noted to be temporarily totally disabled.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): s 78 and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, Tramadol Page(s): 93-94.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment guidelines note Tramadol is not recommended as a first-line oral analgesic. They note the side effects of dizziness, nausea, constipation, headache, somnolence and increased risk of seizures if the patient is taking SSRIs and other opioids. Documentation does not provide evidence the patient is not having side effects. They note the recommended dose should not exceed 400mg/day. The requested treatment: Tramadol 50mg #60 is not medically necessary and appropriate.

**Ambien 5mg #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, Pain, Ambien (Zolpidem).

**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-insomnia treatment-zolpidem.

**Decision rationale:** The ODG guidelines recommend Zolpidem (Ambien) for short term treatment for difficulty with sleep initiation. Documentation does not include details as to the type of sleep difficulty for which the medication is prescribed. The amount prescribed exceeds the expected amount for short term administration. The requested treatment: Ambien 5mg #30 is not medically necessary and appropriate.

**L5-S1 lumbar laminectomy with spinal stabilization procedure:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**Decision rationale:** The California MTUS guidelines recommend surgery when the patient has had severe persistent, debilitating lower extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Documentation does not show such evidence. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The requested treatment: L5-S1 lumbar laminectomy with spinal stabilization procedure is not medically necessary and appropriate.

**LOS (length of stay), duration unknown:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Zantac 150mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The California MTUS recommend proton pump inhibitors or H2 blockers if the patient is at risk for gastrointestinal events. Documentation does not show this risk. The requested treatment: Zantac 150mg #60 is not medically necessary and appropriate.