

Case Number:	CM15-0078479		
Date Assigned:	04/29/2015	Date of Injury:	12/05/2013
Decision Date:	06/29/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/23/2015

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:

This injured worker is a 50-year-old female who sustained an industrial injury on 12/5/13. Injury occurred when a box fell off a machine, hitting her on top of the head. Past medical history was positive for borderline diabetes, hypertension, stress, anxiety, and lack of sleep. Social history was positive for smoking. The 11/21/14 initial orthopedic report cited constant grade 8/10 neck pain and stiffness. She reported grade 9/10 lower back pain radiating down both legs. Cervical and lumbar pain increased with sneezing, sitting, standing, and activity. Physical exam documented abnormal gait with limp in the right leg. Cervical spine exam documented muscle tightness and spasms, bilateral suboccipital tenderness, positive mechanical signs, positive Spurling's bilaterally, moderate to marked loss of range of motion, and decreased C5, C6, and C7 sensation bilaterally, and additionally C8 on the left. There was weakness over the C5-C8 myotomes on the left and C5-C7 on the right. Lumbar spine exam documented moderate loss of range of motion, L4 and L5 facet joint tenderness, positive Lasegue's bilaterally, positive straight leg raise on the left, absent Achilles reflexes bilaterally, decreased L5 and S1 sensation bilaterally, decreased L4 sensation on the left, and weakness in big toe dorsiflexion and plantar flexion bilaterally. The diagnosis was cervical radiculitis/radiculopathy bilaterally secondary to herniated cervical disc C4/5 and C6/7 with positive MRI, and lumbar radiculitis/radiculopathy secondary to herniated lumbar disc and spondylolisthesis. Authorization was requested for cervical epidural steroid injection at C4/5 and C5/6, lumbar epidural steroid injection at L4/5 and L5/S1, a home interferential unit, daily home health care assistance, lumbosacral orthosis brace, cervical collar, Norco, Ultram, Fexmid, and Neurontin. The 3/16/15 orthopedic narrative report cited cervical findings to include severe muscle spasms, and restricted flexion, extension, and rotation. There was hypoesthesia involving the C5/6 dermatome and motor weakness of the biceps, triceps and brachioradialis. She had very weak forearm muscles and diminished reflexes. The 3/11/14 cervical spine MRI scan showed moderate to severe multilevel degenerative disc

disease with severe reversal of the cervical lordosis. There was a 2 mm retrolisthesis at C3/4 with 3-4 mm broad-based posterior disc protrusion, bilateral uncovertebral joint hypertrophy, facet hypertrophy, severe neuroforaminal narrowing, and severe central canal stenosis measuring 6 mm in the AP dimension with effacement of the anterior CSF space and mass effect on the ventral spinal cord. At C4/5, there was a 2-3 mm retrolisthesis with 4 mm broad-based disc protrusion, bilateral uncovertebral hypertrophy, severe bilateral neuroforaminal narrowing, and severe central canal stenosis measuring 6 mm in the AP dimension with effacement of the anterior CSF space and mass effect on the ventral spinal cord. At the C6/7 level, there was a 3 mm broad-based disc protrusion with osteophyte complex, bilateral uncovertebral hypertrophy and moderate neuroforaminal narrowing. Cervical spine surgery had been recommended to include anterior cervical discectomy and fusion by a spine surgeon. He reported that the lumbar spine MRI on 5/19/14 revealed a 3-4 mm circumferential disc bulge, 2 mm retrolisthesis L4 over L5, and 3 mm circumferential disc bulge at L5/S1 with spinal stenosis. Lumbar spine exam documented severe lumbar radiculopathy and spinal stenosis. She would benefit from lumbar spine stabilization surgery. She was taking Norco and Neurontin. Physical therapy was not helping and surgery was recommended. The 3/25/15 utilization review non-certified the request for cervical spine surgery at C5/6 as there was no clinical documentation of radiculopathy at that level and the MRI interpretation is entirely different from as per the treating physician. The request for lumbar spine surgery at L5/S1 as there was insufficient clinical evidence to correlate with MRI findings and the specific procedure is not documented. The request for Norco was non-certified as there was no documentation of guideline-recommended opioid medication management or efficacy. Prior weaning for discontinuation was noted. The request for Neurontin was non-certified as there was no clinical exam evidence that the injured worker had radiculopathic symptoms to support this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, specific drug list Page(s): 76-80, 91.

Decision rationale: The California MTUS guidelines support the use of hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. Guideline criteria have not been met for on-going use of Norco in the absence of guideline required documentation. There is no documentation of reduced pain, increased function, or improved quality of life relative to medication use in the progress reports since 7/28/14. Records noted prior non-certification of this medication with recommendation for weaning. Based on the absence of documented functional benefit, this request is not medically necessary.

Neurontin 300mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: The California MTUS guidelines indicate anti-epilepsy drugs (AEDs) such as Neurontin are recommended in the treatment of neuropathic pain. After initiation of treatment there should be documentation of pain relief and improvement in function as well as side effects incurred with use. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Guideline criteria have not been met. This injured worker presents with findings consistent with radiculopathy and neuropathic pain. However, there is no discussion of pain relief or functional improvement with the use of Neurontin. Prior non-certification of this medication was recommended based on an absence of guideline-recommended documentation. No evidence of improved outcomes is documented in the available records. Therefore, this request is not medically necessary.

Surgery to Cervical spine at C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Discectomy-laminectomy-laminoplasty, Fusion, anterior cervical.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines provide a general recommendation for cervical decompression and fusion surgery, including consideration of pre-surgical psychological screening. The Official Disability Guidelines (ODG) provide specific indications. The ODG recommend anterior cervical fusion as an option with anterior cervical discectomy if clinical indications are met. Surgical indications include evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or a positive Spurling's test, evidence of motor deficit or reflex changes or positive EMG findings that correlate with the involved cervical level, abnormal imaging correlated with clinical findings, and evidence that the patient has received and failed at least a 6-8 week trial of conservative care. If there is no evidence of sensory, motor, reflex or EMG changes, confirmatory selective nerve root blocks may be substituted if these blocks correlate with the imaging study. The block should produce pain in the abnormal nerve root and provide at least 75% pain relief for the duration of the local anesthetic. Guideline criteria have not been fully met. This injured worker presents with function-limiting persistent neck pain and stiffness, with positive Spurling's. Clinical exam findings have documented findings consistent with C5/6 radiculopathy, including sensory, motor and reflex changes. However, the reported imaging findings in the provided records do not fully document cervical pathology at the C5/6 level for correlation. Additionally, there is no documentation of response to recommended

conservative treatment. Therefore, this request is not medically necessary at this time.

Surgery to Lumbar spine at level L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back L_5/S_1 Lumbar & Thoracic, Discectomy/Laminectomy, Fusion (spinal).

Decision rationale: The California MTUS guidelines recommend surgery for lumbosacral nerve root decompression. MTUS guidelines indicate that lumbar spinal fusion may be considered for patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis. Before referral for surgery, consideration of referral for psychological screening is recommended to improve surgical outcomes. The Official Disability Guidelines recommend criteria for lumbar decompression that include symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings. Guideline criteria include evidence of nerve root compression, imaging findings of nerve root compression, lateral disc rupture, or lateral recess stenosis, and completion of comprehensive conservative treatment. Fusion is recommended for objectively demonstrable segmental instability, such as excessive motion with degenerative spondylolisthesis. Fusion may be supported for surgically induced segmental instability. Pre-operative clinical surgical indications require completion of all physical therapy and manual therapy interventions, x-rays demonstrating spinal instability, spine pathology limited to 2 levels, and psychosocial screening with confounding issues addressed. For any potential fusion surgery, it is recommended that the patient refrain from smoking for at least 6 weeks prior to surgery and during the period of fusion healing. Guideline criteria have not been met. This injured worker presents with low back pain radiating into both lower extremities. Clinical exam findings are consistent with reported imaging evidence of plausible nerve root compression at L5/S1. The injured worker has not benefited from physical therapy. However, there is no documentation of response to recommended conservative treatment. There is no radiographic evidence of spinal segmental instability or discussion of the need for wide decompression, which would cause temporary intraoperative spinal instability. There is documentation of potential psychological issues but no evidence of a psychosocial screen. Additionally, the injured worker was reported to be a smoker with no discussion of guideline-recommended smoking cessation. Therefore, this request is not medically necessary at this time.