

Case Number:	CM14-0107220		
Date Assigned:	09/24/2014	Date of Injury:	08/12/2009
Decision Date:	11/19/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/10/2014

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. The expert reviewer is Board Certified in Orthopedic Surgeon and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 50-year-old female who reported injury on 08/12/2009. The mechanism of injury was the injured worker was climbing the stairs when she lost her balance and tried to avoid falling by hanging onto a banister. There were no diagnostic studies submitted for review. The injured worker hurt her neck, along the right side, and her right ankle. The injured worker was given medications and physical therapy. The injured worker was reinjured on 09/10/2010 and on 10/16/2011. Surgical history was not provided. However, a request for an arthrodesis 360 at L4-5 and L5-S1 had been made. The documentation of 08/01/2014 revealed the injured worker had complaints of pain in the neck, shoulders, and low back. The injured worker's medications included lisinopril, levothyroxine, cyclobenzaprine, hydrocodone, and hydrochlorothiazide. The physical examination of the lumbar spine revealed there was no kyphosis or scoliosis deformity. The injured worker had tenderness in the paraspinal musculature of the lumbar region bilaterally. There was midline tenderness in the lumbar spine. There was mild spasm over the lumbar spine. The injured worker had decreased range of motion of the lumbar spine. The sensory testing to pinwheel was normal, except for decreased pin sensation in foot dorsum and posterior lateral calf bilaterally. The motor examination was within normal limits, except for a grade 4 plantarflexor and toe extensor bilaterally. Diagnoses included C5-6 herniated nucleus pulposus, L4-5 and L5-S1 listhesis with degenerative disc disease, bilateral carpal tunnel syndrome, and hand and wrist tendonitis. The treatment plan included the injured worker was scheduled for a 360 degree arthrodesis at L4-5 and L5-S1 on 08/02/2014, and the medication hydrocodone/APAP 10/325 mg was prescribed for severe pain. The subsequent documentation of 08/29/2014 revealed the injured worker was able to stand erect, the gait was slightly antalgic, and the toe and heel walk were intact but painful. The spine had tenderness from the thoracolumbar spine down to the base of the pelvis. The paralumbar musculature was

slightly tight bilaterally. The buttocks were tender. The injured worker had some tenderness on stress of the pelvis, indicating mild sacroiliac joint symptomology. The treatment plan and discussion indicated the injured worker was in the office to schedule lumbar spine surgery. There was no rationale submitted for the requested medications. There was no specific physician documentation requesting the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran (Post-Op Medication): 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) Pain Chapter, Antiemetics (for opioid nausea)

Decision rationale: The Official Disability Guidelines indicate that antiemetics are appropriate for postoperative use. There was a lack of documentation indicating the injured worker's surgical intervention had been found to be medical necessary. The request as submitted failed to indicate the frequency, quantity, and strength for the requested medication. Given the above, the request for Zofran (post-op medication) is not medically necessary.

Sprix Nasal Spray 15.75 Mg 40 Units (5 Bottles) 1 Spray Each Nostril (Post-Op Medication): 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) Pain Chapter, Sprix (ketorolac tromethamine nasal Spray)

Decision rationale: The Official Disability Guidelines indicate that Sprix nasal spray is recommended for the short term management of moderate to moderately severe pain requiring analgesia at the opioid level. The duration of use should not exceed 5 days. The clinical documentation submitted for review indicated the injured worker was utilizing Norco. There was a lack of documentation indicating a necessity for both Norco and Sprix. Additionally, the request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating the surgical intervention was found to be medically necessary. Given the above, the request for Sprix nasal spray 15.75 mg 40 units (5 bottles) 1 spray each nostril (post-op medication) is not medically necessary.

Omeprazole 20mg #100 Bid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 69.

Decision rationale: The California MTUS Guidelines indicate that proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. The clinical documentation submitted for review failed to provide the duration of use. There was no physician documentation requesting the medication. There was a lack of documentation indicating a necessity for 100 tablets of omeprazole. Given the above and the lack of documented rationale, the request for omeprazole 20mg #100 bid is not medically necessary.

Duracef (Post-Op Medication): 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) Infections Disease Chapter

Decision rationale: The Official Disability Guidelines indicate that Duracef is recommended as a first line treatment for scanning soft tissue infections. This medication would be supported as the injured worker would be subjected to intraoperative bacteria. However, the request as submitted failed to indicate the frequency, quantity, and strength, and whether the surgical intervention was found to be medically necessary. Given the above, the request for Duracef (post-op medication) is not medically necessary.