

Case Number:	CM14-0141028		
Date Assigned:	09/10/2014	Date of Injury:	09/20/2011
Decision Date:	10/23/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/02/2014

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 Surgery and is licensed to practice in Mississippi. 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 records presented for review indicate that this 48 year-old individual was reportedly injured on September 20, 2011. The most recent progress note, dated July 7, 2014, indicates that there were ongoing complaints of neck pain with stiffness and muscle spasms, with pain radiating to the arms. The physical examination of the cervical spine demonstrated tenderness to palpation of the right and left paraspinal muscles, with trigger points noted in the right upper trapezius muscle. Range of motion of the cervical spine is decreased in all planes. Neurological exam of the cervical spine demonstrates that the biceps and triceps reflexes are intact and symmetric bilaterally. Negative Babinski sign, negative Hoffman sign, both bilaterally. Sensory examination is normal to soft touch. Motor examination shows normal strength (5/5) bilaterally in all muscle groups. Diagnostic imaging studies include a bone scan from June 2014, which showed postsurgical changes at the C5-C6 level, which were noted to be concerning for motion and incomplete fusion, although uptake secondary to postsurgical changes can also be seen up to a year and sometimes longer. Also, a CT myelogram from October 2013 is mentioned in another report, and notes a C5-C6 possible pseudoarthrosis, though the fusion is indeterminate. Previous treatment includes medications, trigger point injections, and subacromial injections. Requests have been made for surgery (anterior and posterior fusion with removal of the existing plate, C5-C6), subacromial trigger point injections (times one, retrospective, date of service July 7, 2014), a prescription for Norco 10/325 mg (# 150, retrospective, date of service July 7, 2014), a prescription for tramadol (# 120, retrospective, date of service July 7, 2014), and a prescription for lighter patch 5% (# 90 grams, retrospective, data service July 7, 2014), and were not certified in the pre-authorization process on August 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery: Anterior posterior fusion with removal of existing plate. C5-C6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS Guidelines/Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Wheelless' Textbook of Orthopaedics; Anterior Arthrodesis of Cervical Spine; Complications- Pseudoarthrosis; (Electronically Cited).

Decision rationale: As the MTUS, ACOEM, and ODG guidelines do not specifically address this issue, a literature search was performed. After a failed anterior arthrodesis, pseudoarthrosis, or malunion, can occur. And in an asymptomatic patient with no deformity, a trial with a semi-rigid collar is indicated. However, if a patient is symptomatic, one should consider posterior fusion with spinous process wiring or repeat anterior arthrodesis. Prior to moving forward with this plan, however, medical practice standard of care makes it reasonable to require imaging documenting pseudoarthrosis, nonunion, or hardware failure. Additionally, the surgeon and radiologist must agree on this to support the medical necessity of surgical intervention. While documentation of imaging reports suggesting a possible pseudoarthrosis on both a CT myelogram and a bone scan are provided for review, the radiologist states that the findings are concerning for motion and incomplete fusion. However, the radiologist does not make a definite diagnosis of malunion or pseudoarthrosis. Therefore, more imaging is required to make this diagnosis, and the surgeon and radiologist must agree on the findings. Therefore, the request is not considered medically necessary.

Retrospective review: Subacromial trigger point injections: times 1 DOS 07/07/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS Guidelines/Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: CA MTUS treatment guidelines support trigger point injections only for myofascial pain syndromes presenting with a discrete focal tenderness. This treatment modality is not recommended for radicular pain. The criteria required for the use of trigger point injections require documentation of circumscribed trigger points with evidence of a twitch response upon palpation, symptoms that have persisted more than 3 months and failure to respond to conservative medical management therapies. The record does not provide sufficient clinical documentation of a twitch response, or persistent symptoms and failure to respond to conservative modalities initiated for the management of this specific diagnosis. Furthermore, the

record provides clear evidence of a suspected radiculopathy rather than myofascial pain syndrome. Based on the information provided, this request is not considered medically necessary.

Retrospective request for Norco 10/325 mg #150 DOS 07/07/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS Guidelines/Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: As noted in the MTUS, this is for the short-term management of moderate to severe breakthrough pain. Furthermore, as outlined in the MTUS the treatment plan parameters outlined in the MTUS for chronic opioid use require noting if the diagnosis has changed, other medications being employed, if any attempt has been made to establish the efficacy of the medications and documentation of functional improvement. Furthermore, adverse effects have to be addressed. None of these parameters to continue this medication chronically have been measured. Therefore, the medical necessity is not established.

Retrospective review: Tramadol #120 DOS 07/07/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS Guidelines/Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82,113.

Decision rationale: MTUS treatment guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. Given their clinical presentation and lack of documentation of functional improvement with Tramadol, the request is not considered medically necessary.

Retrospective review Lidoderm patch 5% #90 DOS 07/07/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS Guidelines/Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

Decision rationale: MTUS guidelines support the use of topical Lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. While review of the available medical records does document signs and symptoms consistent with neuropathic pain, there is no documentation of a trial of first-line medications. As such, this request is not medically necessary.