

<b>Case Number:</b>	CM13-0027352		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	01/26/2011
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 32-year-old male with a date of injury of 01/26/2011. The listed diagnoses per the provider are: diskogenic lumbar condition with facet inflammation and periodic radiculopathy, right ankle sprain/strain, element of depression, stress, anxiety, sexual dysfunction, gastritis, and headaches. According to report dated 07/23/2013 by the provider, this patient presents with continued low back and ankle pain. Examination of the back revealed lumbar flexion is 40 degrees, extension is 20 degrees, and lateral tilting is 20 degrees bilaterally with discomfort. The patient has no evidence of scoliosis, normal extremity alignment, and full strength to resisted function of the bilateral lower extremities. The patient has tenderness on paraspinous muscles bilaterally. There is pain with facet loading at L3 to S1 bilaterally. In terms of medication, the patient is currently taking Norco 10/325 mg #120 every 6 to 8 hours as needed for daytime relief. The patient is also taking Percocet 10/325 mg #60 one to two tablets as needed for severe pain. The patient is taking morphine sulfate 15 mg, which has been decreased from prior 60 mg twice daily. The treating provider has stated he does not like taking morphine and recommends discontinuing this medication. The treating provider would like to request Norco, Percocet, and a back brace. A Utilization review dated 09/12/2013 denied the requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Opioids for chronic pain, Criteria for use of Opioids, Page(s): 60--61, Section Opioids for chronic pain pgs. 80-81, and Section Criteria for use of Opioids, pgs. 88-89.

**Decision rationale:** This patient presents with ankle and low back pain. The treating provider is requesting a refill of Norco 10/325 #120. The medical records indicate this patient has been taking Norco since 03/24/2011. The MTUS guidelines require "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. A report on 04/08/2013 notes patient needs his medications as he is unable to ambulate more than 2 blocks without the medications. A review of reports from 04/08/2013 to 08/20/2013 provides no additional documentation such as pain scale, specific changes in activities of daily living (ADLs) due to medication use, or change in work status as required by MTUS. No specific documentations are provided regarding the "outcome measures" or pain assessment. Given the lack of sufficient documentation of this medications efficacy, the recommendation is for denial.

**PERCOCET 10/325 #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Opioids for chronic pain, Criteria for use of Opioids, Page(s): 60--61, Section Opioids for chronic pain pgs. 80-81, and Section Criteria for use of Opioids, pgs. 88-89.

**Decision rationale:** This patient presents with ankle and low back pain. The treating provider is requesting a refill of Percocet 10/325 mg #90. The medical records indicate this patient has been taking Percocet since July 2011. The MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, activities of daily living (ADLs), adverse side effects, and aberrant drug-seeking behavior. The report on 04/08/2013 notes patient needs his medications as he is unable to ambulate more than 2 blocks without the medications. A review of reports from 04/08/2013 to 08/20/2013 provides no additional documentation such as pain scale, specific changes in ADL's due to medication use, or change in work status as required by MTUS. No specific documentations are provided regarding the "outcome measures" or pain assessment. Given the lack of sufficient documentation of this medications efficacy, the recommendation is for denial.

**PURCHASE OF A BACK BRACE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** This patient presents with ankle and low back pain. The treating provider is requesting a back brace. The ACOEM guidelines on lumbar bracing states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." The Official Disability Guidelines (ODG) regarding lumbar support states, "Not recommended for prevention; however, recommended as an option for compression fracture and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain (very low-quality evidence, but may be a conservative option)." In this case, the patient does not present with fracture, instability, or spondylolisthesis to warrant lumbar bracing. The patient does have nonspecific low back pain, but this has very low-quality evidence. Given the lack of support from the guidelines, the recommendation is for denial.