

Case Number:	CM13-0028058		
Date Assigned:	11/22/2013	Date of Injury:	01/15/2002
Decision Date:	01/30/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois, Indiana, and Texas. 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 physician 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.

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 70-year-old male who reported a work related injury on 01/15/2002. The mechanism of injury was not specifically stated. Clinical note dated 08/27/2013 reports the patient was seen for follow-up of his pain complaints under the care of [REDACTED]. The provider documents the patient presents with complaints of pain to the low back. The provider documents the patient continues to be denied treatment for his chronic pain with pain medications. The patient declines to undergo surgical interventions to the lumbar spine. The provider documents the patient last utilized Kadian in April, which the patient reports was helpful and allowed the patient to stay on the job. The patient is subsequently not able to work and is utilizing disability. The provider documents sitting, standing, and walking are tolerated for 0 to 1 minute. The patient's sleep is interrupted 3 to 4 times a night. The provider documented upon physical exam of the patient, he ambulates with the use of a cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) abdominal binder for the spondylolysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic, Acute & Chronic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The current request is not supported. The clinical documentation submitted for review does evidence the patient presents with continued lumbar spine pain complaints status post a work related injury sustained in 2002. The clinical documentation submitted for review fails to evidence support for the patient's utilization of an abdominal binder/lumbar support for diagnosis of spondylolysis. California MTUS/ACOEM indicates lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptoms relief. Given the above, the request for one (1) abdominal binder for the spondylolysis is not medically necessary or appropriate.

One (1) lumbar x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic, Acute & Chronic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient has been treated for lumbar spine pain complaints in a chronic nature since 2002. The clinical notes document the patient is refusing any surgical interventions to the lumbar spine; therefore, assessment of future treatment as far as implementation of further imaging studies is unclear. In addition, it is unclear when the patient last underwent imaging studies of the lumbar spine. Furthermore, the most recent physical exam of the patient dated 08/27/2013 did not reveal any significant objective findings of symptomatology, just the patient's increased subjective complaints of pain due to a lack of pain medication for his chronic pain condition. California MTUS/ACOEM indicates lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags or serious spinal pathology even if the pain has persisted for at least 6 weeks. However, it may be appropriate when the physician believes it would aid in patient management. Given all the above, the request for 1 lumbar x-ray is not medically necessary or appropriate

one (1) prescription of Morphine Sulfate 15mg, #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The current request is supported. The clinical documentation submitted for review reports the patient had been able to attain employment while utilizing Kadian for his pain complaints. The provider documents in the most recent clinical notes that the patient has been unable to concentrate, work, sleep, bend, ambulate, or rest due to a lack of his medication. The patient presents with chronic intractable low back pain with evidence of spondylolysis at L5 resulting in spondylolisthesis. The patient is requesting to utilize lower levels of conservative

treatment rather than undergo surgical interventions to the lumbar spine. As the patient is unable to work due to chronic pain and the provider documents the patient's medication regimen was effective in lowering the patient's chronic pain complaints and the patient was able to continue working with this medication, the current request is supported. However, future requests for this medication must evidence objective findings of efficacy, as noted by a decrease in rate of pain on a VAS scale and increase in objective functionality for the patient. As California MTUS indicates, Morphine Sulfate "is seen as an effective method in controlling chronic pain. It is often used for intermittent or breakthrough pain." The guidelines also state "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). Therefore, given all the above, the request one (1) prescription of Morphine Sulfate 15mg, #90 is medically necessary and appropriate.