

<b>Case Number:</b>	CM13-0031318		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	04/20/2011
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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, 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 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:

48 y.o. male with injury from 4/20/11. Patient has diagnosis of L5-S1 annular fissure with disc displacement, and depression. The patient reports from 3/28/13 to 8/12/13 are reviewed. 3/28/13 report has intermittent LBP, pain with bend/squat, L/S corset for one year, T#3, omeprazole. Recommendations include ortho consult for L-spine, ESI, and medications, lumbar spine corseted. 4/24/13 report has pain at 7/10, increased with activity, has sex problems, temporarily totally disabled, requesting transportation, waking up with more pain in waist. Functionally, no changes. 5/23/13 report has moderate LBP, increased with lift or bend, tramadol 20% cream, Omeprazole 20 bid. 7/8/13 report is typed, constant pain right more than left lumbar spine at 6-7/10. EMG from 2/22/12 is mentioned with L4 radiulopathy. Abdominal pain improved, depressive disorder. No discussion regarding the patient's medication use. MRI from 6/22/12 is described with 4mm disc/annular fissure at L4-5, 3.5mm disc/osteophyte complex at L5-S1. 8/12/13 report states that patient needs stronger pain medication, and a new lumbar corsette. Meds were norco #60, naproxen, prilosec and d/c T#3. Utilization review letter from 8/26/13 denied the requests stating that there was no evidence of any recent acute exacerbations for warrant a lumbar support. Norco was denied given no quantified or qualified measures of pain, and no evidence the patient has moderate to severe pain to warrant opioid medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) lumbar spine support:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301 and 9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC .

**Decision rationale:** This patient suffers from chronic low back pain with degeneration of the lumbar spine. MRI showed some disc protrusions with osteophytes and an annular tear at L4-5. ACOEM guidelines do not support use of lumbar supports only providing a false sense of security. A thorough discussion of lumbar supports is found in ODG guidelines. This recommends use of lumbar bracing for instability, fractures, for treatment of spondylolisthesis. It states very weak support for non-specific chronic low back pain. Recommendation is for denial.

**One (1) prescription of Norco 5mg, #60, with one (1) refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

**Decision rationale:** Despite review of reports from 3/28/13 to 8/12/13, I do not find a single incidence of pain and functional changes associated with the use of Norco. There is no mention of reduction of pain or improved function and quality of life. MTUS requires pain assessment each visit and functioning documentation using numerical scale at least once every 6 month. This is not provided by the treater. Under outcome measures, MTUS also requires current pain; average pain; least pain; time it takes for medication to work; duration of relief with medication, etc. The treater does not provide any of this information. As it is, one cannot tell whether or not medication is doing anything for the patient. The reports show that the patient is not working, and one cannot tell whether or not any functional goals are reached. Recommendation is for denial.