

<b>Case Number:</b>	CM13-0061003		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/11/2002
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Anesthesiology has a subspecialty in Pain Management 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 an employee of [REDACTED] and has submitted a claim for lumbar degenerative disc disease with radiculopathy, associated with an industrial injury date of 09/11/2002. Treatment to date has included spinal fusion at L5-S1 with pedicle screw and rod fixation and left hemilaminectomy at L3-L4 (2009, 2010, and 2012), physical therapy, and medications. Utilization review from 11/22/2013 denied the requests for Soma, Qty: 1 because it is not recommended for chronic use; and elastic mid-back brace, Qty: 1 because it is not indicated for chronic low back pain without demonstration of spondylolisthesis, instability, or post-operative treatment. On the other hand, the request for Norco 10/325 mg three times a day, Qty: 90 was partially certified into Norco 10/325 mg three times a day, Qty 75 because there was no discussion with respect to weaning, change in medications, orientation, functionality and benefit. Medical records from 2012 to 2013 were reviewed showing that patient has been experiencing increasing pain in the lower thoracic spine with radiation to the ribs. Patient was also complaining of left ankle pain. Physical examination showed tenderness around the T12 region. There was stiffness of the left ankle with pain at end range of motion towards all directions. Anterior drawer test was negative. A qualified medical evaluation written on 07/30/2013 stated that the lower back pain was graded 5/10 radiating to the left lower extremity. Patient had difficulty reaching, pushing, pulling, kneeling, bending, squatting because of the associated pain. Objective findings showed mild antalgic gait on the left. Patient had muscle spasm at the left lower back. He had limitation of lumbar flexion to 20 degrees and extension at 10 degrees. He had no mobility towards lateral flexion and rotation. He had positive straight leg raising on the left at 60 degrees. There was absent ankle jerk on the left. Knee reflexes were both +1. There was tenderness over the lateral malleolus of the left ankle with decreased sensation at L5 and S1 of the left lower extremity. X-ray of the left leg in January 2012 showed fracture of

the posterior tibial plafond which appeared to be articular. MRI of left ankle, dated June 2012, revealed lateral ligament injury including the anterior distal tibial-fibular ligament. Lumbar spine X-ray, dated 07/26/2013, showed the bone consolidating at the disc space in the front; the cage was protruding backwards slightly about 1-2mm from the edge of the bone. MRI of the lumbar spine on 12/21/2010 showed severe narrowing and desiccation of the disc space at T11-T12 and L1-L2. At L4-L5, there is evidence of anterior interbody fusion with severe narrowing of the disc space. Thoracolumbar spine X-ray dated 09/10/2013 showed significant arthritic changes as well as some slight rotation around T11-12 region.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**ELASTIC MID BACK BRACE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine (ACOEM), Chapter 12, pages 138 – 139.

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

**Decision rationale:** As stated in CA MTUS ACOEM Low Back Chapter, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the patient has been complaining of chronic back pain associated with an industrial injury date of 09/11/2002. He already underwent three lumbar surgeries on 2009, 2010, and 2012. An appeal letter dated 10/22/2013 stated that elastic back brace is important because patient was experiencing pain radiating to both ribs in the front. There was tenderness at the T12 region. The pain may be attributed to the thoracolumbar X-ray result of significant arthritic changes as well as some slight rotation around T11-12 region. The indication for back brace as stated was to help patient with posture and limit movements that may aggravate the symptoms. The records indicate the employee has had a recent exacerbation of back pain; however, the request for a back brace as part of the conservative treatment regimen is outside the initial acute phase of injury and not supported by the guidelines. Therefore, the request for Elastic Mid-Back Brace is not medically necessary.

**NORCO 10/325 MG, 90 COUNT, THREE TIMES PER DAY AS NEEDED:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Pain Treatment Agreement Page(s): 89.

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

**Decision rationale:** As stated in page 78 of MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors.

The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, medical records submitted for review did not specifically show that there was significant pain improvement (i.e. documented pain reduction in terms of pain scale), as well as improvement in functional activities associated with the use of this medication. There was no mention in the documents submitted regarding the start of the patient's intake of Norco. Likewise, assessment for any adverse effects has not been reported. Therefore, the request for Norco 10/325mg, #90, three times per day as needed is not medically necessary.

**SOMA, QUANTITY OF ONE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Section, Carisoprodol (Soma), 2009 Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

**Decision rationale:** As stated in page 29 of CA MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol (Soma) is a centrally acting skeletal muscle relaxant that is not indicated for long-term use. Carisoprodol abuse has been noted in order to augment or alter effects of other drugs such as hydrocodone, tramadol, benzodiazepine and codeine. In this case, the start of the patient's intake of Soma is unclear due to lack of documentation. Furthermore, this medication is being requested together with hydrocodone/acetaminophen (Norco) which is not recommended by the guidelines due to high potential of abuse. Therefore, the request for Soma, quantity of one is not medically necessary.