

Case Number:	CM13-0071915		
Date Assigned:	01/08/2014	Date of Injury:	03/21/1993
Decision Date:	08/07/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/30/2013

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 62 year old with an injury date on 3/21/93. Based on the 12/6/13 progress report provided by [REDACTED] the diagnoses are lumbar disc degeneration. Status post L2 to S1 fusion, and cervical sprain/strain. The exam on 12/6/13 showed C-spine tenderness to palpation in the low cervical region, and moderately limited range of motion with pain. The L-spine showed tenderness to palpation, and severely limited range of motion with pain. A straight leg raise was positive bilaterally. Toe and Heel walk presented with great pain in back, right greater than the left. MRI of the lumbar shows L1-2 right sided disc protrusion but no evidence of compression of spinal sac and/or conus medullaris. [REDACTED] is requesting a pharmacy purchase of Detrol 2mg #60 and a purchase of a lumbar brace. The utilization review determination being challenged is dated 12/18/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF DETROL 2MG #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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:FDA labeled indication:Indications and Usage for Detrol.

Decision rationale: The patient was taking Detrol as early as 2/1/13. A report on 10/18/13 states the patient's urinary incontinence has worsened since she stopped taking Detrol. The 12/6/13 report states that the patient has increased lower back pain, and difficulty dressing due to pain and has numbness in the left groin. For Detrol, the FDA labeled indication is for the treatment of overactive bladder with symptoms of urge urinary incontinence, urgency, and frequency. In this case, the patient has documented urinary incontinence, and the requested pharmacy purchase is appropriate for her condition. As such, the request is medically necessary.

PURCHASE OF LUMBAR BRACE: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: ACOEM Guidelines do not support the use of lumbar support for low back pain. Regarding lumbar supports, ODG guidelines do not recommend them for prevention, but allow them as an option for treatment for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). In this case, the physician has asked for the purchase of a lumbar brace for chronic low back pain with multiple surgeries in the past including fusion. Use of lumbar brace is appropriate and is therefore medically necessary.