

Case Number:	CM14-0008189		
Date Assigned:	02/12/2014	Date of Injury:	03/10/2003
Decision Date:	07/30/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/22/2014

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 Occupational Medicine 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 51-year-old male who has submitted a claim for lumbar spine musculoligamentous sprain/strain and status post intradiscal electrothermic therapy associated with an industrial injury date of March 10, 2003. Medical records from 2006-2014 were reviewed. The patient complained of chronic low back pain. The pain radiates down to the level of the knees bilaterally. There was associated weakness and feeling that his legs will give out. He has fatigue in the lower back and states that it affects his quality of life. Physical examination showed tenderness of the lumbar paraspinals muscles and spinous processes at L4, L5 and S1. There was reduced range of motion. Motor strength was 4/5 bilaterally at L4, L5 and S1 levels. There was decreased sensation at the L4 distribution. Deep tendon reflexes were 1++ bilaterally at patellar and Achilles tendons. MRI of the lumbar spine, dated May 30, 2009, revealed L4-L5 2-3mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing, L5-S1 2-3mm posterior disc bulge and facet joint hypertrophy without evidence of canal stenosis or neural foraminal narrowing. Official report of the imaging study was not available for review. Treatment to date has included medications, physical therapy, pool therapy, lumbar epidural steroid injections, home exercise program, and activity modification. Utilization review, dated January 17, 2014, denied the request for 1 lumbar spine brace because pain levels were unchanged and there was no indication of acute exacerbation of his condition. The request for 1 prescription of Norco 10/325mg #90 was also denied because the patient was advised weaning due to minimal functional improvement with opioid treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: As stated on page 301 of the California MTUS ACOEM Low Back Chapter, lumbar supports have not been shown to have any lasting benefits beyond the acute phase of symptom relief and are recommended as an option for management of compression fractures, spondylolisthesis, and instability. ODG states that lumbar supports are not recommended for prevention. In this case, the lumbar spine brace was requested for added support given his significant pain. However, patient has persistent back pain which is beyond the acute phase. There is no evidence of lumbar fracture or instability. There was no evidence from the medical records that the patient suffered an acute exacerbation of the back pain. The medical necessity has not been established. Therefore, the request for LUMBAR SPINE BRACE is not medically necessary.

NORCO: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) 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, patient has been taking opioids (Vicodin) since September 2006. The most recent progress report, dated January 3, 2014, showed decreased pain from 8/10 to 5/10 with Norco. Patient was likewise able to do his activities of daily living and function on a more regular basis. There were no side effects noted. The guideline criteria were met. However, present request failed to specify the quantity and dosage to be dispensed. Therefore, the request for Norco is not medically necessary.