

<b>Case Number:</b>	CM14-0009856		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Surgery, and is licensed to practice in 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. 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 injured worker is a 31 year old female who suffered a cumulative trauma work related injury from 2/22/11 through 9/24/12. She was employed as an administrator and biller. Her chief complaints are chronic low back and neck pain and psychological ailments as a consequence of having worked in a stressful work environment under discriminatory conditions. Complaints of axial low back pain that radiates to both buttocks, neck pain that radiates to both shoulders and on and off headaches are noted. Treatment with multiple providers including chiropractic care, acupuncture, and medication management are noted. There has been a Psychiatric Qualified Medical Evaluation (QME) by [REDACTED] on 10/3/13 who opined the injured had "Pain Disorder with Both Psychological Factors affecting the General Medical Condition." A QME dated 12/5/13 opined no further treatment via physical therapy, acupuncture or injections was warranted. Objective testing results include but not limited to MRIs of the cervical and lumbar spine with flexion and extension views both on 1/30/13 both read by [REDACTED]. There was no evidence of compression fracture, spondylolistheses or any severe neurocompressive lesions in either cervical or lumbar images. There has been electrodiagnostic testing of bilateral lower extremities on 3/11/13 by [REDACTED] which revealed no radiculopathy and was read as normal. The claimant has been afforded physical therapy, psychological therapy as well as medication management for the treatment of chronic neck and low back pain and psychological problems. There have also been multiple drugs screens performed most significant of those occurred on 2/1, 3/1, 4/5, 9/6/13, which revealed inconsistencies of the results with the drugs being prescribed. There was a UR determination #405138, 405150, 405155, 405160 which Noncertified one follow up visit after having certified multiple visits previously.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR SPINE SUPPORT BRACE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12 (LOW BACK COMPLAINTS), 301

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar supports

**Decision rationale:** The ACOEM and California MTUS do not address Lumbar Back Braces. The ODG does mention lumbar support as an option regarding nonspecific low back pain. However the ODG specifically recommends elastic lumbar support instead of a lumbar back brace. The MRI of the lumbar spine reveals no findings of segmental instability, compression fractures or spondylolisthesis to warrant a back brace. Therefore the brace that is requested is not medically necessary and not in keeping with the ODG recommendations.

**FOLLOW UP WITH MD FOR MEDICATIONS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, Chronic Pain Treatment Guidelines Antidepressants; Opioids; Definitions, (f) Functional Improvement Page(s): 16; 78-80;. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain, Antidepressants for chronic pain; Pain, Office visits; Low back (acute and chronic) Office visits; Neck and Upper back, Office visits; Mental Illness & Stress, Office visits

**Decision rationale:** The office documentation reveals the employee has been prescribed Wellbutrin/ bupropion for the nonneuropathic chronic low back pain. The ODG Pain section of antidepressants recommends bupropion only as a third line choice for treatment of chronic neuropathic low back pain after tricyclic antidepressants have been exhausted. Electrodiagnostic testing has been reported as normal with no evidence of neuropathy. It is not clear whether it was also prescribed for the depression thought operant by the provider in his psychological evaluation. Other medications have not been documented to be of any benefit with objective criteria. The California MTUS guidelines regarding opioids offers a schedule of frequency of visits when employing opioids which can be used as a rough guideline for other medications prescribed for analgesic effect. The employee has had multiple physician followups (see CID UR #405166, certified 2 visits; 1/4/13 & 2/6/13; #405162, certified 1 visit between 2/6-3/1/13; #405160 certified 1 visit between 5/29-31/13, Noncertified 1 visit 7/10/13) such that continued monitoring without objective evidence of benefit would imply that other measures should be engaged. Finally there have been Urine Drug Testings performed on 2/1/13, 3/1/13, 4/5, 7/19 and 9/6/13 which revealed INCONSISTENT findings with medications prescribed. On 2/1/13

revealed NO bupropion while 3/1 urine test there was NO bupropion and NO cyclobenzaprine in the employee's urine despite their prescription such that noncompliance was operant. On 4/5 urine drug screen, Bupropion was detected and was consistent with its prescription but again No cyclobenzaprine was detected. The 7/19 and 9/6 results also had inconsistencies. None of these inconsistencies were addressed in the office notes on subsequent visits. As such, no further medication followup would be necessary given the noncompliance and failure to document objective benefit from the medications as prescribed.