MAXIMUS Federal Services

Case Number:	CM14-0114970		
Date Assigned:	08/04/2014	Date of Injury:	03/10/2003
Decision Date:	09/10/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/22/2014

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 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 51-year-old male with date of injury of 03/10/2003. The listed diagnoses per [redacted] dated 06/19/2014 are: 1. Lumbar spine musculoligamentous sprain/strain. 2. Status post intradiscal electrothermic therapyAccording to this report, the patient complains of back pain. He rates his lumbar pain 6/10 to 7/10 which is constant and unchanged from previous visit. He has been taking Norco 3 tablets a day and Ambien 1 tablet a night. He reports improvement in his pain level from 7/10 to 4/10 to 5/10 with medications. The examination of the cervical spine revealed tenderness in the midline with limited range of motion because of pain. The lumbar spine revealed tenderness in the midline because of pain. He had bilateral paraspinal musculature hypertonicity. His gait was normal. Neurological examination in the lower extremities was normal. The utilization review denied the request on 07/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for one (1) back brace for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar and Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer based his/her decision on then the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Practice Guidelines, Chapter 12 Low Back Complaints, page 301 and on the Official Disability Guidelines (ODG).

Decision rationale: This patient presents with chronic back pain. The treating physician is requesting one back brace for the lumbar spine. The American College of Occupational and Environmental Medicine (ACOEM) Guidelines page 301 on lumbar bracing states the following: "lumbar supports have not been shown to have any lasting benefit beyond acute phase of symptom relief". In addition, Official Disability Guidelines (ODG) Guidelines do not support the use of lumbar supports for prevention stating that there is strong inconsistent evidence that lumbar supports are effective in preventing neck and back pain. In this case, ODG and ACOEM Guidelines do not support the use of lumbar supports for the treatment or prevention of low back pain. Treatment is not medically necessary and appropriate.

Prospective request for one (1) urine toxicology screen between 6/19/2014 and 9/7/2014: Overturned

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG).

Decision rationale: This patient presents with chronic low back pain. The treating physician is requesting 1 urine toxicology screen. While the California Medical Treatment Utilization Schedule (MTUS) does not specifically address how frequent urine drug screens should be obtained for various risk opiate users, Official Disability Guidelines (ODG) Guidelines provide a clear guideline. The urine drug screen on 04/25/2014 showed inconsistent results to prescribed medications. This patient is considered "moderate risk" for addiction/aberrant behavior and ODG recommends 2 to 3 times a year screening with confirmatory testing for inappropriate or unexplained results. In this case, the most recent urine drug screen (UDS) showed inconsistent results and the requested UDS is within ODG Guidelines for moderate-risk patients. Treatment is medically necessary and appropriate.

Prospective request for one (1) prescription of Ambien 5 mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG).

Decision rationale: This patient presents with chronic low back pain. The treating physician is requesting Ambien. The California Medical Treatment Utilization Schedule (MTUS) and The American College of Occupational and Environmental Medicine (ACOEM) Guidelines are silent with regards to this request. However, ODG Guidelines for zolpidem states that it is indicated for short-term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. The records

show that the patient was prescribed Ambien on 02/20/2014. In this case, ODG does not support long-term use of this medication. Treatment is not medically necessary and appropriate.

Prospective request for one (1) prescription of Tramadol 50 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: This patient presents with chronic low back pain. The treating physician is requesting Tramadol 50 mg. For chronic opiate use, California Medical Treatment Utilization Schedule (MTUS) Guidelines require specific documentations regarding pain and function. Page 78 of California (MTUS) requires "pain assessment" that requires "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioids; how long it takes for pain relief; how long pain relief lasts." Furthermore, "the 4 As for ongoing monitoring" are required which includes: Analgesia, activities of daily living (ADLs), adverse side effects, and aberrant drug-seeking behavior. The records show that the patient has been taking Tramadol since 02/26/2014. The treating physician documents medication efficacy stating that the patient's pain level goes from 7/10 to 4-5/10 on a pain scale after taking medications. However, the treating physician does not provide specifics regarding ADLs to denote significant improvement, no mention of quality of life changes, and no discussions regarding adverse side effects. Furthermore, the treating physician does note a recent urine drug screen showing inconsistent results. Therefore, the continued use of Tramadol is not medically necessary. Treatment is not medically necessary and appropriate.