

Case Number:	CM14-0155726		
Date Assigned:	09/25/2014	Date of Injury:	04/01/2004
Decision Date:	10/27/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/23/2014

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:

This patient is a 54 y/o male who has developed chronic low back pain subsequent to an injury dated 4/1/2004. He has been treated with lumbar surgery in 2007, which included a multi-level laminectomy and an L4-5 fusion. No ongoing instability is reported, but the patient has developed a post laminectomy syndrome with persistent neuropathic pain in the lower extremities. He is currently treated with oral analgesics and an Lidoderm patch. The medications are reported to allow for a 50% improvement in pain and improved ADLs. There is no history of aberrant drug related behaviors.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone / Acetaminophen; Long-term User of Opioids; Opioids, C.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to continue Page(s): 80.

Decision rationale: MTUS Guidelines supports the judicious use of opioids if there is pain relief and functional support. These standards have been met with this patient. The Norco 10/325 #120 is medically necessary.

1 Spinal LSO: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Supports,

Decision rationale: MTUS Guidelines do not support the use of lumbar supports for chronic low back pain. ODG Guidelines provide additional criteria and state that for individuals with instability, post operatively while healing and for fracture treatment a lumbar brace may be reasonable. This patient does not meet any Guideline criteria for use of a lumbar brace. The dispensed SLO brace is not medically necessary.