

Case Number:	CM14-0158367		
Date Assigned:	10/01/2014	Date of Injury:	03/12/2013
Decision Date:	11/06/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/26/2014

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:

Clinical Summary: The claimant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 12, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; opioid therapy; and unspecified amounts of manipulative therapy. In a Utilization Review Report dated August 28, 2014, the claims administrator denied a request for back brace and denied a request for Nucynta. The claims administrator invoked non-MTUS 2007 ACOEM Guidelines to deny the back brace and mislabeled/misrepresented the same as originating from the MTUS. The claims administrator suggested that the applicant was not benefiting from Nucynta. The applicant's attorney subsequently appealed. In an August 12, 2014 progress note, the applicant reported persistent complaints of low back pain, 5/10. Limited, painful lumbar range of motion was noted. The applicant was obese, BMI of 33. The applicant was asked to start Nucynta and also attend physical therapy. A lumbar support was sought. It was stated that the applicant was unable to tolerate tramadol. A rather proscriptive 10-pound lifting limitation was endorsed, although it did not appear that the applicant was working with said limitation in place. In an April 16, 2014 progress note, it was suggested that the applicant was using tramadol, Lodine, and Norflex as of that point in time. The applicant had last worked in March 2, 2014, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

B2 Back Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines 2007 (revision pages 138-139- Lumbar Supports

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. In this case, the applicant was well outside of the acute phase of symptom relief as of the date of the request, August 21, 2014, following an industrial injury of March 12, 2013. Therefore, the request is not medically necessary.

Nucynta: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Tapentadol topic.

Decision rationale: The MTUS does not address the topic. However, as noted in ODG's Chronic Pain Chapter tapentadol topic, tapentadol or Nucynta is recommended only as second line therapy for applicants who develop intolerable adverse effects with first line opioids. In this case, the attending provider did posit that the applicant had developed adverse effects with tramadol, a first line opioid. Introduction of Nucynta (tapentadol) on a first time basis was indicated on or around the date in question, August 12, 2014. Therefore, the request was medically necessary.