

Case Number:	CM14-0162384		
Date Assigned:	10/07/2014	Date of Injury:	12/21/2002
Decision Date:	11/24/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	10/02/2014

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 Internal 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 injured worker (IW) is a 50-year-old man with a date of industrial injury of December 21, 2002. He sustained injuries to his neck and back after slipping on a recently waxed floor. He had acute onset of back and leg pain. He had a bilateral L3-L4 decompression and lumbar laminectomy, medial facetectomy, foraminotomy, and discectomy for decompression of neurologic elements in 2006. Pursuant to the progress note dated August 20, 2014, The IW had complains of paravertebral muscle spasms, tenderness, tight muscle band, and trigger point including a twitch response obtained along with radiating pain on palpation on both sides of the lumbar spine. Straight leg raise test was positive on both sides in the supine position at 35 degrees. There were no other physical examination findings listed. The diagnoses include: Lumbar, post-laminectomy syndrome; chronic pain syndrome; and lumbar radiculopathy. Current medications include: Soma 350mg, Norco 5/325mg, and Imitrex, which was prescribed by another MD. Pain level with medications is 3-4/10 and without medications pain is rated 7/10. The IW indicated that he needed a replacement lumbar support brace for a reason not indicated in the medical record. Treatment plan recommendations include: Refill Soma 350mg and Norco 5/325mg, and request authorization for a replacement back brace. The IW also participates in a home exercise program. There is a note in the medical record dated October 8, 2013 indicating that the IW was taking Soma 350mg, and was going to be prescribed Norco 10/325mg in place of Percocet 10/325mg. The IW has been on the stated medications for more than a year according to the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Support Brace (Two Pull 'Lastic Lumbar Support Brace): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 3 Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Pain Chapter, Lumbar Supports

Decision rationale: Pursuant to the ACOEM and Official Disability Guidelines, lumbar brace (support) is not medically necessary. The ACOEM practice guidelines state "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief". The Official Disability Guidelines state regarding lumbar supports from the low back chapter quote not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck or back pain. Lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability and for treatment of nonspecific low back pain (very low quality evidence) but may serve as a conservative option. In this case, the lumbar support brace was noted to replace a previous brace. However, there was no indication of any specific objective spinal instability issues in place to support the need for this type of bracing. This type of bracing is also unproven as an effective treatment alternative in the long-term treatment of back pain based on guidelines. Consequently, the lumbar support is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, a Lumbar Support Brace (Two Pull 'Lastic Lumbar Support Brace) is not medically necessary and appropriate.

Soma (Carisoprodol) 350mg #60 with one refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Muscle Relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350 mg #60 with one refill is not medically necessary. The guidelines state muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases they show no benefit over non-steroidal anti-inflammatory drugs in pain and overall management. Also, there is no additional benefit in combination with non-steroidal anti-inflammatory drugs. Efficacy diminishes over time and prolonged use may lead to dependence. Soma (Carisoprodol) is not recommended this medication is not recommended for long-term use. In this case, Soma was first noted in a progress note dated October 8, 2013. This time frame would be considered long-term use of muscle relaxing. The guidelines do not recommend long-term use in Soma is not recommended.

Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Soma (Carisoprodol) 350mg #60 with one refill is not medically necessary and appropriate.

Norco (Hydrocodone/APAP) 5/325mg #90 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the official disability guidelines, Norco 5/325 mg #90 with one refill is not medically necessary. The guidelines state "a major concern about the use of opiates for chronic pain is that most randomized controlled trials have been limited to a short term. (Less than or equal to 70 days). This leads to concern about issues such as tolerance, opiate induced hyperalgesia, long-range adverse effects such as hypogonadism, and opiate abuse. Ongoing monitoring and review should be documented in the medical record as to measures of functioning, appropriate medication use and side effects. Opiate tolerance develops with repeated ongoing use of opiates. Notably pain may be improved with weaning of opiates. In this case, Norco was in place being taken by the injured worker as far back as October 8, 2013. In a progress note Percocet was discontinued and Norco 10/325 mg was started. There was no documentation in the record as to why this particular opiate was not discontinued (after weaning). Additionally, there was no detailed pain assessment; narcotic agreement or end goal in regards the opiate treatment. Lastly, long-term opiate use is not recommended in the guideline criteria. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Norco 5/325 mg #90 with one refill is not medically necessary.