

Case Number:	CM14-0181983		
Date Assigned:	11/06/2014	Date of Injury:	04/28/2010
Decision Date:	12/30/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/03/2014

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 & 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 53 year old female with a date of injury of 4/28/10. The listed diagnoses per report 9/30/14 are lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome and status post right knee arthroplasty, 2012. According to this report, the patient presents with moderate to severe low back pain radiating down to both lower extremities, greater on the left in the L5 distribution. Examination of the lumbar spine revealed diffuse tenderness noted over the lumbar paravertebral musculature. Kemp's test was positive bilaterally. Supine and seated straight leg raise are also positive. The treating physician reviewed an undated MRI of the lumbar spine which "revealed 3mm herniation of L4-5 without foraminal stenosis; at L5-S1 there was 4mm right foraminal disc herniation to the exiting right L5 nerve root; mild to moderate facet hypertrophy; mild left to moderate right foraminal stenosis." Current medication regimen includes Elavil 5-10mg, Vicodin 2.5 mg, Naproxen, Norflex and Imitrex. Recommendation was for refill of Vicodin, UDS and LSO brace. Utilization review denied the request on 10/16/14. Treatment reports from 9/11/13 through 9/30/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug testing: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Urine drug testing (UDT)

Decision rationale: This patient presents with moderate to severe low back pain radiating down to both lower extremities. Per report 9/30/14, the current request is for a urine drug screen. The Utilization Review denied the request stating that an UDS is not necessary as records indicate that the patient was previously recommended to wean and discontinue opioids. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, the ODG Guidelines provide clear recommendation. ODG recommends once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low risk patients. The patient has been utilizing Vicodin for "moderate to severe" low back pain, despite previous recommendation for weaning. Although weaning was been recommended, the patient's current medication regimen includes an opioid and ODG allows for random screenings to ensure compliance when opiates are taken. There does not appear to be any recent UDS. The requested UDS appears medically necessary for proper management of the patient's opiate use and is medically necessary.

LSO 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)

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 Chapter, lumbar supports

Decision rationale: This patient presents with moderate to severe low back pain radiating down to both lower extremities. Per report 9/30/14, the current request is for a LSO brace. ACOEM Guidelines page 301 on lumbar bracing state, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines under its Low Back Chapter, lumbar supports states, "Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain." Under treatment ODG further states, "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." In this case, the patient does not present with fracture, documented instability, or spondylolisthesis to warrant lumbar bracing. For non-specific low back pain, there is very low quality evidence. Therefore the request is not medically necessary.