

<b>Case Number:</b>	CM14-0021631		
<b>Date Assigned:</b>	05/05/2014	<b>Date of Injury:</b>	03/02/2012
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 is a 43-year-old male with a date of injury of 3/2/12. The mechanism of injury was not noted. On 1/28/14 he had continued pain in the lower back and left knee. He complained of pain with driving and prolonged walking. Exam revealed positive tenderness in the paralumbar muscle and posterior superior iliac spine region on the left. There was positive muscle spasm in the paralumbar muscle. Diagnostic Impression: Lumbar Strain, Bilateral Knee Injury. Treatment to date: medication management. A UR decision dated 2/10/14 denied a lumbar corset and Tramadol ER. The lumbar corset was denied because guidelines note that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Guidelines do not support the use of lumbar supports for chronic low back pain. The Tramadol ER 150mg #30, was certified on 12/6/13 to allow time for the submission of medication compliance guidelines. Otherwise this timeframe should be used to initiate downward titration and complete discontinuation of medication on subsequent review, due to medication guideline non-compliance. The Tramadol ER was denied on 2/10/14 due to lack of information requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR CORSET:** Upheld

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

**Decision rationale:** CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief, however, ODG states that lumbar supports are not recommended for prevention; as there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. They are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP as a conservative option. Guidelines do not support the use of lumbar supports to prevent low back pain (LBP). There is no documentation of spondylolisthesis or compression fractures. Therefore, the request for a Lumbar Corset is not medically necessary.

**TRAMADOL ER 150MG, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, a urine drug screen dated 3/4/14, was negative for tramadol, which shows inconsistent results. In addition, there is no documentation of a CURES Report, a signed pain contract, and no documentation of lack of adverse side effects or aberrant behavior. Therefore, the request for Tramadol ER 150mg #30, is not medically necessary.