

Case Number:	CM14-0026929		
Date Assigned:	06/13/2014	Date of Injury:	08/09/2013
Decision Date:	08/07/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/04/2014

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, 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 underlying date of injury in this case is 08/09/2013. The patient's diagnosis includes lumbar discogenic disease, a remote history of a compression fracture of the lumbar spine, sacral fracture (per MRI study), and a lumbar sprain. As of 02/05/2014, the treating physician saw the patient in followup and noted the patient had severe pain in the mid back with no improvement, suggesting a possible recurrent fracture. The treating physician felt the patient might be a candidate for a vertebroplasty if a bone scan showed active findings. The treating provider felt the patient was a candidate for repeat lumbar epidural injections based on initial response. This treating provider noted that a brace and a TENS unit did help. The treating provider also prescribed fentanyl 25 mcg every 72 hours and Norco 10/325 mg #120 and Zofran for nausea from medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 NORCO 10/325 MG#120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids and Ongoing Management Page(s): 78.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines Section on Opioids and Ongoing Management recommends monitoring the 4 A's of opioid management. This guideline recommends discontinuing opioids if there are intolerable side without functional benefit. The medical records do not clearly document functional benefit from opioids in this case, but the medical records do document significant ongoing side effects including nausea. In this situation, the guidelines do not support continued opioid use. This request is not medically necessary.

1 ZOFRAN 8MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Discontinuing Opioids Page(s): 79.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines Section on Discontinuing Opioids, page 79, recommends discontinuing opioids if the patient has continuing pain with evidence of intolerable adverse effects. Zofran would not be indicated for nausea from opioids. The guidelines would recommend discontinuing the opioid treatment itself. Zofran is not supported by the treatment guidelines. This request is not medically necessary.

UNKNOWN BRACE: 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 rationale: The medical records are not specific in terms of the type of brace that has been requested at this time. ACOEM Guidelines Chapter 12 Low Back, page 301, states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. If this patient does have acute spinal symptoms such as from a re-fracture, then the guidelines may potentially support the indication for a brace, although the specific type of brace would need to be defined further. A guideline cannot be applied at this time given the lack of further detail regarding the type of brace requested. Therefore, this request is not medically necessary.

1 TRANSCUTENEUOS ELECTRICAL NERVE STIMULATOR UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Transcutaneous Electrical Nerve Stimulation Page(s): 114.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines Section on Transcutaneous Electrical Nerve Stimulation, page 114, recommends this treatment as part of an overall functional restoration program for patients with neuropathic pain. The medical records do not clearly support a neuropathic pain diagnosis for which TENS would be indicated. This request is not supported by the treatment guidelines. This request is not medically necessary.