

Case Number:	CM14-0028787		
Date Assigned:	06/16/2014	Date of Injury:	02/13/1989
Decision Date:	08/11/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/06/2014

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 Anesthesiology, has a subspecialty in Pain 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 is a 54 year old male who sustained an injury on 02/13/89 when he fell off a roof injuring his low back. The injured worker was followed for ongoing complaints of chronic low back pain which were addressed with continued oxycontin 20mg and Lyrica 50mg three times daily for neuropathic pain. Urine drug screen reports from 2014 noted positive findings for oxycodone however there were also positive findings for THC on confirmatory studies. The injured worker was seen on 02/04/14 with continuing complaints of low back pain radiating to the lower extremities. The injured worker indicated that over the past several months there had been a general gradual increase in low back pain symptoms and symptoms in the lower extremities. The injured worker indicated that in previous treatment acupuncture was beneficial for low back pain. The injured worker described some pain relief with oxycontin at 20mg. Currently the injured worker was utilizing 20mg oxycontin three times daily. Physical examination noted pain score 7/10 on the visual analog scale (VAS). There was no evidence of neurological deficit. Tenderness to palpation loss of lumbar range of motion was noted. The injured worker was continued on medications and referred for acupuncture evaluation and treatment. The injured worker was also recommended for therapeutic lumbar support orthosis. Follow up on 02/27/14 noted the injured worker had been authorized for initial six sessions of acupuncture therapy. The injured worker reported good results with acupuncture treatment. Pain scores remained severe at 8/10 on VAS. There was continued tender points and trigger there was continuing tenderness to palpation with trigger points in the lumbar paraspinal musculature. There was also continuing loss of lumbar range of motion. It appeared that the injured worker was able to continue with acupuncture therapy through 03/14. The 03/04/14 report indicated that the injured worker had continued with acupuncture. The injured worker also reported pain relief with oxycontin with preservation of functional capacity. The injured worker was continuing to

utilize oxycontin 20mg three times daily. Pain scores were unchanged at this visit and physical examination findings remained unchanged. The requested lumbar sacral orthosis 18 sessions of acupuncture with evaluation and oxycontin 20mg #90 were not medically necessary by utilization review on 02/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 SOLLY LUMBAR SACRAL ORTHOSIS (LSO) BACK BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

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

Decision rationale: In regards to the request for a lumbar support brace, this reviewer would not have recommended this durable medical equipment as medically necessary based on clinical documentation submitted for review and current evidence based guidelines. From the clinical documentation submitted for review the injured worker has been followed for ongoing complaints of chronic low back pain stemming from a 1989 injury. Per guidelines lumbar support orthoses have been found to not provide any clear improvement for chronic low back pain or provide any preventative measures for the development of chronic low back pain. There is no indication of any traumatic instability of the lumbar spine that would have reasonably required a lumbar support orthosis. Therefore this reviewer would not have recommended this request as medically necessary.

18 ACUPUNCTURE SESSIONS AND EVALUATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In regards to the request for 18 sessions of acupuncture therapy with an initial evaluation, this reviewer would not have recommended this request as medically necessary. This request was modified to an initial quantity of six sessions per the utilization review on 02/11/14. This reviewer would have agreed with this determination as guidelines recommend an initial six sessions of acupuncture therapy for injured workers with ongoing chronic complaints of low back pain. The requested 18 sessions would have been excessive without evidence of functional benefit and pain reduction with the initial use of acupuncture treatment. Therefore this reviewer would not have recommended the request as submitted as medically necessary.

OXYCONTIN 20MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the request for Oxycontin 20mg quantity 90, this reviewer would not have recommended this request as medically necessary. Prior utilization review modified the request from a quantity of 90 to 45 to facilitate weaning. This reviewer agreed would agree with the prior determination as there was insufficient clinical documentation establishing evidence of clear pain reduction or medicate or functional improvement with ongoing use of oxycontin. Furthermore clinical documentation did not discuss positive results for THC on urine drug screen reports. Given the inconsistency on urine drug screen reports and lack of clinical documentation of specific functional improvement or pain reduction with the continued use of this medication this reviewer would not have recommended the request as submitted as medically necessary.