MAXIMUS Federal Services

Case Number:	CM14-0197742		
Date Assigned:	12/08/2014	Date of Injury:	12/10/2012
Decision Date:	01/23/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehab, 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 38 year-old female with date of injury 12/10/12. Based on the progress report of 11/18/14 and 10/18/14, the patient complains of continued back pain rated 7-8/10 that radiates to the right lower extremity. Physical examination of the lumbar spine on 11/18/14 revealed pain with palpation over right aspect of L4-5 and L5-S1 with palpable muscle spasms. Patient has been using anti-inflammatory medications, had 10 sessions of physical therapy, and has been recommended exercise program per 11/18/14 progress report. Patient has been prescribed Celebrex, Soma, Terocin patch, and Omeprazole between 03/06/14 and 11/18/14, per progress reports. Per progress report dated 11/18/14, treater is requesting Tramadol for severe pain so patient can return to work. Treater is requesting lumbar support "to reduce pain by restricting the mobility of the trunk. Use of the lumbar support is necessary within the overall treatment plan for the claimant's condition which includes home exercise and other therapies for the treatment of pain." Patient is permanent and stationary. MRI 01/31/13, per progress report 11/18/14 indicated:- Disc protrusion worse at L5-S1 and to a lesser extent at L4-5- Discogenic changes at L3Diagnosis 11/18/14:- Herniated nucleus pulposus, worse at L5-S1 and to a lesser extent at L4-5- Radiculopathy/radiculitis- Mild discogenic changes at L3-4The utilization review determination being challenged is dated 11/25/14. The rationale is "insufficient documentation of length of time on narcotics for the Tramadol, and "the use of a lumbosacral orthosis has not been shown to be effective for chronic low back pain beyond the acute phase." Treatment reports were provided from 03/06/14 to 11/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #120 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Criteria for use of opioids Page(s): 60-61; 88-89; 76-78.

Decision rationale: MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, activities of daily living (ADLs), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." Per progress report dated 11/18/14, treater is requesting Tramadol for severe pain "so patient can return to work." In this case, treater has not stated how Tramadol reduces pain and significantly improves her activities of daily living; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's, etc. If treater's intent was to initiate this opiate for chronic pain, it would be allowed by MTUS based on records with regards to current medication use, aim of use, potential benefits and side effects, which have not been provided. Given the lack of documentation as required by MTUS, the request is not medically necessary.

Lumbar-Sacral Orthosis (LSO) lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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: ACOEM page 301 states, "Lumbar support has not been shown to have any lasting benefit beyond the acute phase of symptom relief." Page 9 of ACOEM also states, "The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security." ODG also states that it is not recommended for prevention and for treatment. It is an option for fracture, spondylosis, documented instability, and for nonspecific low back pain (very low quality evidence). In this case, the patient has a chronic condition, and does not present with compression fracture, documented instability, or spondylolisthesis to warrant lumbar bracing based on guidelines. Given the lack of ACOEM and ODG guidelines support for the use of lumbar bracing, the requested LSO lumbar support is not medically necessary.