

<b>Case Number:</b>	CM14-0207761		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	01/26/2000
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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, Pain Management 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 33-year-old male smoker who reported injuries of unspecified mechanism on 01/26/2000. On 10/06/2014, his diagnoses included lumbago/low back pain, lumbar/thoracic radiculitis, lumbar/sacral disc degeneration, myofascial pain syndrome/fibromyalgia, and cervical, thoracic, or lumbar facet arthropathy. His complaints included lower back pain with aching and soreness and a feeling of restless leg. He stated that his medications helped him. His medications included Norco 10/325 mg, Gabapentin 100 mg, Valium 5 mg, and Valium 10 mg. He rated his pain 10/10 without medications and 6/10 with medications. His lumbar spine was tender at the facet joints with crepitus and decreased range of motion in all planes. He was noted to be in no acute distress. There was no rationale for the Norco. The back brace was to be used for lower back pain and "working." There was no Request for Authorization included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #190:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, On Going Management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-95.

**Decision rationale:** The California MTUS Guidelines recommend ongoing review of opioids including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. Long term use may result in immunological or endocrine problems. It was noted that this injured worker had been using opioid medications since at least 01/21/2014. There was no documentation of quantified efficacy or increased functional abilities with the use of this medication. Additionally, there was no frequency specified in the request. Since this injured worker was taking more than 1 opioid medication, without the frequency, the morphine equivalency dosage could not be calculated. Therefore, this request for Norco 10/325 #190 is not medically necessary.

**Back 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): 308.

**Decision rationale:** The California MTUS Guidelines do not recommend lumbar supports for acute lumbar spine disorders or for the treatment of low back disorders. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, the request did not specify whether the requested brace was to be custom made or prefabricated, nor the size of the brace. Furthermore, it did not specify frequency of use. Therefore, this request for Back brace is not medically necessary.