

Case Number:	CM15-0100703		
Date Assigned:	06/03/2015	Date of Injury:	07/02/2002
Decision Date:	07/01/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 58-year-old female, with a reported date of injury of 07/02/2002. The diagnoses include post-lumbar laminectomy syndrome, lumbar spine degenerative disc disease, low back pain, lumbar disc displacement, and muscle spasm. Treatments to date have included oral medications; topical pain medication; lumbar fusion at L4-S1 in 12/2002; lumbar fusion hardware removal in 09/2003; caudal epidural steroid injections; x-rays of the lumbar spine; MRIs of the lumbar spine; electrodiagnostic studies; computerized tomography (CT) scan of the lumbar spine; acupuncture; and trigger point injections. The medical report dated 05/12/2015 indicates that the injured worker complained of low back pain with radiation down the left leg. The pain level remained unchanged since the last visit. The injured worker rated her pain 6 out of 10 with medication, and 7 out of 10 without medication. Her quality of sleep was fair. It was noted that her quality of life was rated 4 out of 10. The injured worker stated that the medications were working well, and no side effects were reported. The objective findings include an antalgic gait, loss of normal lordosis of the lumbar spine with straightening of the lumbar spine and surgical scar, restricted lumbar range of motion with pain, hypertonicity, spasm, tenderness, and tight muscle band on palpation of the paravertebral muscle on both sides, spinous process tenderness on L4 and L5, positive left straight leg raise test, tenderness over the sacroiliac spine, and trigger point with radiating pain and twitch response on palpation at the lumbar paraspinal muscles on the right and left. The treating physician requested Norco 10/325mg #150 for breakthrough pain relief, Quinn Sleeq- APL lumbar brace, and one contour pillow. It was noted that the injured worker stated that with Norco, her pain was decreased 50%

for three hours with each dose. There was decreased function without medications. The injured worker's prior contour pillow was greater than 5-years-old and less effective.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Criteria for use of opioids, Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 Page(s): 79, 80 and 88 of 127.

Decision rationale: This claimant was injured back in 2002, now 13 years ago. There is a continued subjective complaint of back pain. Objective, functional improvement on the medicine is not noted. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) if there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.

Quinn Sleeq-APL lumbar brace: Upheld

Claims Administrator 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, Lumbar Supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): ACOEM, Chapter 12, Low back, page 298.

Decision rationale: The California MTUS, specifically Chapter 12 of ACOEM dealing with the low back, note on page 298: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the claimant is well past the acute phase of care. There is no evidence of lumbar spinal instability, or spondylolisthesis. Therefore, this request is appropriately not medically necessary.

Contour pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labor Code 4600 (1).

Decision rationale: Pillows are standard household items, and the choice of a pillow is up the individual. Labor Code 4600(a) notes that care is medical, surgical, chiropractic, acupuncture, and hospital treatment including nursing, medicines, medical and surgical supplies, crutches and apparatuses, including orthotic and prosthetic devices and services, that is reasonably required to cure or relieve the injured worker from the effects of his or her injury shall be provided by the employer. This request for a pillow is not uniquely medical care, and so cannot be certified through utilization review. Therefore, the request is not medically necessary.