

Case Number:	CM15-0143785		
Date Assigned:	08/04/2015	Date of Injury:	06/15/2004
Decision Date:	09/02/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/24/2015

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, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 15, 2004. In a Utilization Review report dated July 6, 2015, the claims administrator failed to approve a request for a lumbar brace. An RFA form and an associated progress note of June 3, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On said June 3, 2015 progress note, the applicant reported ongoing complaints of low back pain. Ancillary complaints of gastritis, tooth discoloration, and depression were reported. Prilosec, methadone, and the lumbar support in question were endorsed. The applicant's permanent work restrictions were renewed. It is not clearly stated whether the applicant was or was not working with said permanent limitations in place, although this did not appear to be the case. The attending provider contended that the applicant's pain complaints ranged from 8.5 to 9/10 without medications versus 5/10 with medications. The attending provider stated that the applicant was more functional with the medications but did not elaborate further. On July 1, 2015, lumbar spine brace, methadone, Prilosec, Celexa, and a gym membership was noted. The applicant's permanent work restrictions were renewed. 8/10 pain with medications was reported versus "unbearable" pain without medications. The applicant stated that his previous lumbar support had torn and he therefore needed a new brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine brace with pockets on the side (Velcro brace): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 308, 371.

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

Decision rationale: No, the request for a lumbar spine brace (AKA lumbar support) was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Here, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date(s) of the request, June 3, 2015 and July 1, 2015, following an industrial injury of June 15, 2004. Introduction, selection, and/or ongoing usage of lumbar support was not indicated at this late stage in the course of the claim, per ACOEM. Therefore, the request was not medically necessary.

Methadone tab 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Criteria for use of Opioids, When to continue/discontinue Opioids, Opioids for chronic pain, Methadone Page(s): 78, 80, 81, 61-62. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Methadone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for methadone, an opioid agent, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicants work status was not clearly outlined on July 1, 2015 or on June 3, 2015. It did not appear, however, that the applicant was in fact working with permanent restrictions in place. The attending provider's reports of reduction in pain scores from "unbearable" to 8/10 with medications on July 1, 2015 appeared minimal to marginal at best and was outweighed by the attending provider's failure to clearly outline the applicant's work status, the applicant's seeming failure to return to work, and the attending provider's failure to identify specific functions (if any) which had been ameliorated as a result of ongoing methadone usage. Therefore, the request was not medically necessary.