

Case Number:	CM15-0166038		
Date Assigned:	09/03/2015	Date of Injury:	05/15/1996
Decision Date:	10/06/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/24/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 61 year old male, who sustained an industrial injury on 05-15-1996. He has reported injury to the low back. The diagnoses have included chronic low back pain; postlaminectomy syndrome, lumbar; cervicgia; cervical degenerative disc disease; knee pain-joint pain leg; and myofascial pain syndrome. Treatment to date has included medications, diagnostics, lumbosacral orthosis; knee brace, injections, and surgical intervention. Medications have included Ibuprofen, Suboxone, Valium, and Maxalt-MLT. A progress report from the treating physician, dated 06-16-2015, documented an evaluation with the injured worker. The injured worker reported he is having a lot of severe pain; the Suboxone really helped with pain and controlling it; however, it is not being authorized and he is having great difficulty; the pain is severe without meds; he is having pain and some probable withdrawal; he has severe pain on the right side of his low back; myalgias; the pain is rated at 5 out of 10 in intensity with medication; he is able to cook, bathe, dress, and drive; and he is unable to do laundry, garden, and shop. Objective findings included he is in acute distress; tenderness of the lumbar spine and facet joint; decreased flexion, decreased extension; and decreased lateral bending. The treatment plan has included the request for moderate profile lumbosacral orthosis; and 1 prescription of Maxalt MLT 10mg #18 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Moderate Profile Lumbosacral Orthosis: Upheld

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

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

Decision rationale: The ACOEM chapter on low back complaints and treatment recommendations states: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient has chronic ongoing low back complaints. Per the ACOEM, lumbar supports have no lasting benefit outside of the acute phase of injury. This patient is well past the acute phase of injury and there is no documentation of acute flare up of chronic low back pain. Therefore criteria for use of lumbar support per the ACOEM have not been met and the request is not medically necessary.

1 prescription of Maxalt MLT 10mg #18 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, Maxalt.

Decision rationale: The ACOEM, ODG and California MTUS do not specifically address the requested medication. The physician desk reference states the requested medication is indicated in the treatment of acute migraine. The patient does not have any of these diagnosis due to industrial incident. Therefore the request is not medically necessary.