

Case Number:	CM15-0166235		
Date Assigned:	09/03/2015	Date of Injury:	09/22/2003
Decision Date:	10/06/2015	UR Denial Date:	08/14/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 73 year old female, who sustained an industrial injury on 9-22-2003, resulting from a car accident. The injured worker was diagnosed as having lumbosacral neuritis-radiculitis and rule out cervical and lumbar disc displacement. Treatment to date has included diagnostics and medications. Currently, the injured worker complains of right sided neck pain, rated 8 out of 10. She also had pain in her right buttock and thigh. Pain was documented as the same, if not worse. She was unable to give herself insulin shots due to the inability to hold anything in either hand. She was in a wheelchair and unable to walk, noting sharp throbbing pain in the low back. Exam noted limited range of motion in the cervical and lumbar spines. Weakness was noted in the right lower extremity. Work status remained permanent and stationary. She requested home care help. The treatment plan included a custom LSO brace and Norco. Pain levels worsened within the last several months despite Norco use. Urine toxicology was not submitted. The use of Norco was noted since at least 1-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydroco/apap) 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pages 74-96.

Decision rationale: MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional status with persistent severe pain for this chronic 2003 injury without acute flare, new injury, or progressive neurological deterioration. The Norco (Hydroco/apap) 10/325mg #90 is not medically necessary and appropriate.

Custom LSO brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back, Lumbar brace, page 301.

Decision rationale: There is no indication of instability, compression fracture, or spondylolisthesis precautions to warrant a custom lumbar support beyond the acute injury phase. Reports have not adequately demonstrated the medical indication for the back brace. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for an LSO cannot be medically recommended. CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This claimant is well beyond the acute phase for this chronic injury. In addition, ODG states that lumbar supports are not recommended for prevention and is under study for the treatment of nonspecific LBP and only recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, post-operative treatment, not demonstrated here. The Custom LSO brace is not medically necessary and appropriate.

