

Case Number:	CM15-0194679		
Date Assigned:	10/08/2015	Date of Injury:	03/18/2001
Decision Date:	11/18/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/05/2015

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: Connecticut, California, Virginia
 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 51 year old male, who sustained an industrial injury on March 18, 2001, incurring low back injuries. He was diagnosed with lumbar degenerative disc disease. Treatment included pain medications, anti-inflammatory drugs, muscle relaxants, neuropathic medications, sleep aides, diagnostic imaging, and acupuncture, physical therapy and home exercise program and activity restrictions. He underwent lumbar fusion and laminectomies. Currently, the injured worker complained of persistent low back pain radiating down the back and into the left thigh and left knee. He rated his pain at its worst 9 out of 10 on a pain scale from 1 to 10. He noted his pain was aggravated by sitting long periods of time and lying in the same position for ten minutes or more. He had restricted movements and range of motion with the ongoing pain. The injured worker had been ordered on Percocet for pain since his injury with good relief. He was diagnosed with lumbar radiculopathy. The treatment plan that was requested for authorization on October 2, 2015, included a lumbar spine brace and a prescription for Percocet 10-325 #150. On September 3, 2015, a request for a lumbar spine brace and a request for a prescription for Percocet were denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine brace #1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

Decision rationale: The MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The ODG recommend lumbar bracing as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). In this case, there is not good evidence in the provided documents to support use of a back brace given the very low likelihood of clinical improvement based on the guidelines, and therefore the request is not considered medically necessary at this time.

Percocet 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably indicated that weaning is appropriate at this time. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for percocet is not considered medically necessary.