

Case Number:	CM15-0201596		
Date Assigned:	10/16/2015	Date of Injury:	09/20/2012
Decision Date:	12/02/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/13/2015

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, California 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:

This is a 60 year old male with a date of injury of September 20, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for pseudoarthrosis at L5-S1, disc collapse at L1-2 and L2-3, lower back pain, and bilateral lumbosacral radiculitis. Handwritten medical records dated August 14, 2015 indicate that the injured worker complained of lower back pain radiating to the bilateral lower extremities. A handwritten progress note dated September 22, 2015 documented complaints of continued lower back pain with radiation and numbness and tingling to the bilateral lower extremities. Per the treating physician (September 30, 2015), the employee was retired. The physical exam dated August 14, 2015 reveals lumbar spine tenderness positive straight leg raise bilaterally, decreased sensation, and decreased range of motion. The progress note dated September 22, 2015 documented a physical examination that showed tenderness to palpation of the bilateral paravertebral muscles and sciatic notches, decreased range of motion with increased pain, decreased sensation at the bilateral L5 and S1 dermatomes, and positive straight leg raise bilaterally. Portions of the progress notes were difficult to decipher. Treatment has included lumbar laminectomy and fusion, lumbar epidural steroid injection, and medications (Norco since at least April of 2015).The patient had received an unspecified number of trigger point injections and PT visits for this injury. The patient had used a bone stimulator unit for this injury. Patient had received lumbar ESI for this injury. The patient's surgical history includes lumbar fusion on 3/12/13. The patient has had MRI of the lumbar spine on 12/16/13 that revealed disc protrusions, foraminal narrowing, and surgical changes. The patient had UDS on 3/27/14, 5/14/15 and on 7/10/15 that was positive for Norco.The medication list includes

Norco, Naproxen, and Nortriptyline. The patient had received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, per 9/22/15 order qty 90.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: This is an opioid analgesic. Criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function, continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects". In addition according to the cited guidelines "Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." The patient had diagnoses of pseudoarthrosis at L5-S1, disc collapse at L1-2 and L2-3, lower back pain, and bilateral lumbosacral radiculitis. Progress note dated September 22, 2015 documented complaints of continued lower back pain with radiation and numbness and tingling to the bilateral lower extremities. The progress note dated September 22, 2015 documented a physical examination that showed tenderness to palpation of the bilateral paravertebral muscles and sciatic notches, decreased range of motion with increased pain, decreased sensation at the bilateral L5 and S1 dermatomes, and positive straight leg raise bilaterally. The patient's surgical history included lumbar fusion on 3/12/13. The patient has had MRI of the lumbar spine on 12/16/13 that revealed disc protrusions, foraminal narrowing, and surgical changes. The patient had UDS on 3/27/14, 5/14/15 and on 7/10/15 that was positive for Norco. The medication list includes Norco, Naproxen, and Nortriptyline. The patient has chronic pain along with significant abnormal objective findings. There is no evidence of aberrant behavior. The patient has had a trial of non opioid medications for this injury. This medication is deemed medically appropriate and necessary to treat any exacerbations of the pain on an as needed/ prn basis. The request of the medication Norco 10/325mg, per 9/22/15 order qty 90.00 is medically necessary and appropriate in this patient.

Lumbar spine quick draw brace, per 9/22/15 order qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 09/22/15) Lumbar supports.

Decision rationale: Per the ACOEM guidelines cited "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." In addition per the ODG cited regarding lumbar supports/brace, "Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain." Treatment: Recommended 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). Under study for post-operative use; see Back brace, post operative (fusion). The patient has received an unspecified number of PT visits for this injury. A detailed response to prior conservative therapy was not specified in the records provided. The prior conservative therapy notes were not specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. There is no evidence of instability, spondylolisthesis, lumbar fracture or recent lumbar surgery. The request for Lumbar spine quick draw brace, per 9/22/15 order qty 1.00 is not medically necessary or fully established.