

Case Number:	CM15-0216124		
Date Assigned:	11/05/2015	Date of Injury:	07/23/2001
Decision Date:	12/24/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	11/03/2015

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, 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 55 year old male, who sustained an industrial injury on 07-23-2001. The injured worker is currently permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for lumbar radiculopathy and lumbago. Treatment and diagnostics to date has included chiropractic treatment and medications. Recent medications have included Norco (since at least 04-07-2015), Flexeril, Thermacare, Gabapentin, Lidocaine patch, and Ambien. Subjective data (09-28-2015) included chronic back pain rated as 7 out of 10 that is noted as "unchanged since last visit" and requested a back brace to "improve function". No objective findings noted on 09-28-2015 progress note. The request for authorization dated 09-28-2015 requested a back brace and Norco 10-325mg 1 tablet every 6 hours, #120 tablets per month. The Utilization Review with a decision date of 10-05-2015 modified the request for Norco 10-325mg #120 to Norco 10-325mg #90 and denied the request for a back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back brace x1: 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 rationale: The request is for a replacement lumbar support/back brace to "improve function." MTUS/ACOEM Guidelines only recommend lumbar supports for fractures, spondylolisthesis or documented instability. There is no support for the long-term use of back braces. In this case, the claimant does not meet the above criteria to warrant use of a lumbar support. Lumbar supports have also not been shown to provide any lasting benefit beyond the acute phase of injury/symptom relief. In this case, the claimant has been use the lumbar support for years and has far exceeded the acute phase guideline. In addition, there is no evidence of functional improvement derived from the use of the brace. Therefore the request is not medically necessary or appropriate.

Norco 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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

Decision rationale: The request is for ongoing Norco for chronic pain. Norco is an opiate indicated for short-term treatment of moderate to severe pain. It may be appropriate for long-term use if there is documented evidence of pain relief and functional improvement. Otherwise, opiates are not generally indicated for greater than 3 months usage. In this case, there is no documentation of pain relief effectiveness or improved functional status. No drug testing results are provided for review. No comprehensive physical exam is provided. Therefore, based on the above, the request is not medically necessary or appropriate.