

Case Number:	CM15-0030510		
Date Assigned:	02/24/2015	Date of Injury:	03/02/2001
Decision Date:	04/02/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/18/2015

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: Arizona, 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:

The injured worker is a 48 year old male who sustained an industrial injury on 3/2/01 due to repetitive work. He currently complains of low back pain with radiation bilateral thighs and does not go past the knees. His activities of daily living are limited. Medications include acetaminophen and hydrocodone. Diagnoses include L4-S1 lumbar fusion (2002); existing arthritis; lumbago; lumbosacral spondylosis without myelopathy; degenerative lumbar/lumbosacral intervertebral disc; thoracic/ lumbosacral neuritis/ radiculitis; post-laminectomy syndrome lumbar region; long-term use of medications. Diagnostics include computed tomography lumbar spine 2011. In the progress note dated 1/28/ 15 the treating provider requested an LSO brace to help with pain, posture and ambulation. In addition Norco was refilled and gabapentin was started. On 2/24/14 Utilization review non-certified the requests for LSO back brace and Norco 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Procedure.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the ACOEM guidelines, lumbar supports have not been shown to provide lasting benefit beyond the acute phase of symptom relief. In this case, the claimant's injury was remote and symptoms were chronic. The use of a back brace is not medically necessary.

Norco 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over 6 months. Prior pain with medications was 4/10 from 8/10 and currently 6/10. Long-term use leads to tolerance. There is no indication of Tylenol failure or controlled substance agreement. The continued use of Norco is not medically necessary.