

Case Number:	CM15-0050615		
Date Assigned:	03/24/2015	Date of Injury:	06/30/2011
Decision Date:	05/28/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/17/2015

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: New York
Certification(s)/Specialty: Anesthesiology

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 41 year old male who has reported low back pain and leg pain after using a jackhammer on 6/30/11. The diagnoses include degenerative disc disease, radiculopathy and status-post decompression at L3-5. Treatments to date include medication, physical therapy, and micro-discectomy surgery on 6/25/13. Opioids have been prescribed for years. He has not worked since his injury. Medical reports during 2014-2015 reflect ongoing high levels of back and leg pain, use of a cane, "temporarily totally disabled" work status, and ongoing prescribing of Norco. There is no discussion of the results of using Norco. As of 2/13/15, pain was 8/10 and the injured worker could walk for 15 minutes. The treatment plan included Norco, "temporarily totally disabled" work status, a back brace, and spine surgery. The specific indications for the back brace were not discussed. On 2/24/15 Utilization Review partially certified Norco, certified naproxen, and non-certified a back brace. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Mechanical and compressive etiologies; Medication trials Page(s): 77-81; 94; 80; 81; 60.

Decision rationale: There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician reports do not discuss the results of using Norco. Pain levels are high and function is poor. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program. The prescribing physician describes this patient as temporarily totally disabled, which fails the return-to-work criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. The temporarily totally disabled status represents a profound failure of treatment, as this implies confinement to bed for most or all of the day. As currently prescribed, this opioid does not meet the criteria for long-term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

1 back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9; 308. Decision based on Non-MTUS Citation ACOEM Guidelines, Update 4/7/08, Low Back Chapter, page 138, lumbar supports.

Decision rationale: The ACOEM Guidelines do not recommend lumbar binders, corsets, or support belts as treatment for low back pain, see page 308. On Page 9 of the Guidelines, The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. The updated ACOEM Guidelines likewise do not recommend lumbar braces for treatment of low back pain. The lumbar brace is therefore not medically necessary.