

<b>Case Number:</b>	CM15-0054800		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	07/29/1998
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59 year old female, who sustained an industrial injury on July 29, 1998. She has reported back pain and leg pain. Diagnoses have included thoracolumbar degenerative disc disease, chronic lower back pain, and lumbar facet breakdown above previous fusion. Treatment to date has included medications, trigger point injections, transcutaneous electrical nerve stimulation unit, lumbosacral spine fusion, imaging studies, and diagnostic testing. A progress note dated February 11, 2015 indicates a chief complaint of chronic lower back pain and increased right leg pain. The treating physician documented a plan of care that included medications, continued home exercise, transcutaneous electrical nerve stimulation unit, and a new back brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient presents with back pain and leg pain. The current request is for Norco 10/325mg #90. The treating physician states, in a report dated 02/11/15, Norco one TID Risks and benefits of medications discussed with patient. (74B) The MTUS guidelines state, Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the MTUS requirements for documentation of the 4 A's have not been documented. There are no before and after pain scales with opioid usage. The 2/11/2015 progress report documents 50% pain reduction, abilities to do activities of daily living like cooking, cleaning, sitting and walking better, and discussion of aberrant behaviors. A random UDS dated 2/11/2015 was provided. Adverse effects were discussed at the end of the progress report. The current request is medically necessary and the recommendation is for authorization.

**Retro: Toradol injection given 2/11/15:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Pain Section, Ketorolac (Toradol), NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol) Page(s): 72.

**Decision rationale:** The patient presents with back pain and leg pain. The current request is for Retro: Toradol injection given 2/11/15. The treating physician states, in a report dated 02/11/15, increased leg pain, severe sciatica. She will receive a Toradol injection. (74B) The MTUS guidelines state, this medication is not indicated for minor or chronic painful conditions. In this case, the treating physician, in addition to the 02/11/15 report, has documented the exact same phrase, increased leg pain, severe sciatica. She will receive a Toradol injection in a report dated 10/1/14 and 06/10/14, suggesting that the patient has had two previous Toradol injections. In February 11, 2014, the treating physician documents an acute increase in pain caused by denial of the IW's medication. The current request is medically necessary and the recommendation is for authorization.

**Neck back brace - lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Low Back Section, lumbar supports.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 301.

**Decision rationale:** The patient presents with back pain and leg pain. The current request is for Neck back brace lumbar spine. The treating physician states, in a report dated 02/11/15, Needs new brace. (74B) The ACOEM guidelines state, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." and "There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry." The ODG guidelines state, ODG Low Back Chapter 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). In this case, the treating physician has mentioned that the patient suffers from low back pain and lumbar radicular pain to the leg. The cause of the radicular pain is due to lumbar spinal stenosis as established by imaging studies, history and physical examination. The patient is also status post lumbar fusion L4-5 and L5-S1. However, there are no objective findings in the documents available for review that support use of a brace and the patient does not present with any of the criteria set forth in the ODG guidelines. Therefore, the current request is not medically necessary and the recommendation is for denial.