

Case Number:	CM15-0056976		
Date Assigned:	04/01/2015	Date of Injury:	03/04/2011
Decision Date:	05/01/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	03/25/2015

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 69 year old female, who sustained an industrial injury on 03/04/2011 reporting bilateral lower extremity pain and low back pain. On provider visit dated 01/28/2015 the injured worker has reported back pain that radiates from low back down both legs and bilateral knee pain. On examination of the lumbar spine there was noted restriction of range of motion and tenderness and tightness noted on palpation of paravertebral muscle, tenderness noted over the sacroiliac spine and positive Faber test. The diagnoses have included knee pain, hip pain, low back pain, sacroiliac pain, spinal/lumbar degenerative disc disease and lumbar radiculopathy. Treatment to date has included medications, injections, laboratory studies, consultations, x-ray, lumbar brace, right knee brace, H wave, and MRI's. The provider requested baja lumbar spinal brace with fitting for pain and silenor for sleep disturbance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baja lumbar spinal brace with fitting: 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 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines.

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 claimant had previously been using a brace and long term use is not recommended. The request for a Baja lumbar back brace is not medically necessary.

Silenor 3mg quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13. Decision based on Non-MTUS Citation ODG- pain chapter- insomnia and pg 64.

Decision rationale: Silenor is a tricyclic anti-depressant. In this case, it was not used for pain or depression but for sleep. According to the ODG guidelines, there are other 1st line medications such as Ambien or Sonata that are approved for sleep. In addition, there is no mention of modification of behavior or lifestyle. The use of Silenor is not recommended as 1st line for sleep and is not medically necessary.