

<b>Case Number:</b>	CM15-0057830		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	05/29/2014
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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

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 48 year old female, who sustained an industrial injury on 5/29/2014. He reported left knee, left hip and low back pain. The injured worker was diagnosed as having lumbar spine sprain/strain, thoracic spine sprain/strain, and left ankle sprain/strain. Treatment to date has included medications, physical therapy, lumbar brace, x-rays, and work restrictions. On 2/26/2015, she reports left knee, left ankle, left hip, left calf, and low back pain. The treatment plan included hot pack applications, range of motion exams, dispensing of Hydrocodone 5/325, and Nabumetone, and lumbar brace, and the request of chiropractic treatment. The records indicate Hydrocodone and Nabumetone were dispensed emergently on 2/26/2015. The request is for a lumbar brace, Hydrocodone 5/325mg #30, and Nabumetone 750mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective lumbar brace:** Upheld

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

**MAXIMUS 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 Lumbar & Thoracic Chapter, lumbar supports.

**Decision rationale:** The patient presents with left knee, ankle, hip and calf, and lower back pain. The request is for RETROSPECTIVE LUMBAR BRACE. The request for authorization is dated 02/27/15. Physical examination of the lumbar spine reveals pain and tenderness with decrease range of motion. Edema of the left knee with decreased range of motion. McMurray test positive, Anterior Drawer is negative. Patient is advised to stay off left leg, use elevator, and do less walking. Patient reports medication helps control pain and spasms, and helps increase activities of daily living. Per progress report dated, 02/26/15, the patient is to remain off-work. ACOEM Guidelines page 301 on lumbar bracing states, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ACOEM guidelines further state that they are not recommended for treatment, but possibly used for prevention if the patient is working. ODG Low Back Lumbar & Thoracic Chapter, lumbar supports topic, states, 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). For post-operative bracing, ODG states, "Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician." Per progress report dated, 02/26/15, treater's reason for the request is the "Old lumbar brace tore apart and got damaged; a new one was given to patient." However, guidelines recommend lumbar bracing only for the acute phase of symptom relief, compression fractures, treatment of spondylolisthesis and documented instability. No evidence of aforementioned conditions is provided for this patient. There is no evidence of recent back surgery, either. For non-specific low back pain, there is very low quality evidence, and ACOEM guidelines do not support the use of a back brace for chronic pain. Therefore, the request IS NOT medically necessary.

**Retrospective Hydrocodone 5/325 mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-90.

**Decision rationale:** The patient presents with left knee, ankle, hip and calf, and lower back pain. The request is for RETROSPECTIVE HYDROCODONE 5/325MG #60. The request for authorization is dated 02/27/15. Physical examination of the lumbar spine reveals pain and tenderness with decrease range of motion. Edema of the left knee with decreased range of motion. McMurray test positive, Anterior Drawer is negative. Patient is advised to stay off left leg, use elevator, and do less walking. Patient reports medication helps control pain and spasms, and helps increase activities of daily living. Per progress report dated, 02/26/15, the patient is to remain off-work. MTUS Guidelines pages 88 and 89 states, "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 4As, analgesia, ADLs, adverse side effects, and adverse 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. MTUS p90, maximum dose for Hydrocodone, 60mg/day. Treater does not specifically discuss this medication. In this case, it

appears this is the initial prescription and patient is just starting this medication. Given the patient's pain, the use of Hydrocodone appears reasonable and indicated by MTUS. Therefore, the request IS medically necessary.

**Retrospective Nabumetone 750 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication medications for chronic pain Page(s): 22, 60.

**Decision rationale:** The patient presents with left knee, ankle, hip and calf, and lower back pain. The request is for RETROSPECTIVE NABUMETONE 750MG #60. The request for authorization is dated 02/27/15. Physical examination of the lumbar spine reveals pain and tenderness with decrease range of motion. Edema of the left knee with decreased range of motion. McMurray test positive, Anterior Drawer is negative. Patient is advised to stay off left leg, use elevator, and do less walking. Patient reports medication helps control pain and spasms, and helps increase activities of daily living. Per progress report dated, 02/26/15, the patient is to remain off-work. MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. Treater does not specifically discuss this medication. Per UR letter dated, 03/09/15, reviewer states, "This patient has been taking this NSAID since 07/2014." However, there is no discussion of the efficacy of the medication. The treater does not discuss whether or not the medication is helping with the patient's neuropathic pain. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when using for chronic pain. Therefore, this request IS NOT medically necessary.