

Case Number:	CM13-0036482		
Date Assigned:	12/20/2013	Date of Injury:	02/27/2012
Decision Date:	02/20/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified Physical Medicine and Rehabilitation, and is licensed to practice in Illinois, Indiana and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 63-year-old male who reported an injury on February 27, 2011 after lifting a heavy object and walking uphill. The patient reportedly sustained an injury to his low back that ultimately developed into chronic low back radiating pain into the left lower extremity. The patient underwent an MRI in April 2012 that revealed there was a broad based disc bulge at the L3-4 with evidence of facet arthropathy causing mild stenosis and a broad based disc bulge at the L5-S1 with facet arthropathy causing moderate to severe canal stenosis. The patient underwent an EMG/NCS in October 2013 that did not determine any abnormal findings. Prior treatments included medications and a lumbosacral orthosis. The patient's most recent clinical examination findings included weakness in the left L5 myotome, severe low back pain. Previous medications included Vicodin, trazodone, and a benzodiazepine. The patient's diagnoses included industrial low back pain, L4 and L5 spondylolysis, and L5 sciatica neuralgia. The patient's treatment plan included an additional durable medical equipment (DME) lumbosacral arthrosis, Lyrica one (1) at bedtime, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

prospective request for Lyrica 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica®), no generic available) Section Page(s): 19.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has neuropathic pain. The California MTUS does recommend Lyrica as a first line treatment for neuropathic pain. There is no documentation that the patient has previously been treated with anti-epileptic drugs. However, the request does not provide a duration or frequency to establish the efficacy and safety of this medication for the patient. As such, the prospective request for Lyrica 50mg is not medically necessary or appropriate.

prospective request for one (1) Aspen or Boa® lumbar sacral orthosis (LSO) brace:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289, 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar Supports

Decision rationale: The ACOEM does not recommend lumbar supports in the acute phase of symptoms of low back pain. The clinical documentation submitted for review does provide evidence that the patient is in a chronic phase of low back pain. The Official Disability Guidelines do not support the use of lumbar supports; however, it is noted that this can be used as a conservative treatment. The clinical documentation submitted for review provides evidence that the patient previously used a lumbar orthosis. However, significant benefit or symptom relief was not documented as a result of prior usage of this equipment. Therefore, an additional orthosis would not be supported.