MAXIMUS Federal Services

Case Number:	CM14-0211379		
Date Assigned:	12/24/2014	Date of Injury:	10/15/1982
Decision Date:	02/27/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/16/2014

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: Internal Medicine

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 an injured worker with a history of lumbar spine surgeries. Date of injury was October 15, 1982. The progress report dated 11-14-14 subjective complaints. She is now taking Baclofen, Celebrex, and Neurontin. The Neurontin has relieved some of the left trunk pain and increased burning pain. Also she has had a three day episode of left sacroiliac pain which radiates down the posterior aspect of her left lower extremities to the left heel. Overall however she is better in the sense that she is able to stand and walk for a longer period of time. She is doing her lumbar spine exercises in an effort to straighten her throracolumbar spine curvature about 3 times per week. If she tires to do it more often than that like she tired before she gets increased left sacroiliac and left lumbar radicular symptoms. She is still taking approximately six Norco 10/325 tablets per day and is trying to decrease its intake depending on her level of pain. Physical examination was documented. The patient walks with a moderate to marked list of her trunk to the right. She uses a cane to ambulate even relatively short distances depending on her level of pain. Holds the cane on her right hand. She has increased left sided lumbar paraspinal muscle tone. Sitting straight leg raising were negative on the right and positive on the left to 45 degrees. Motor function there some weakness in the distal aspect of her left lower extremities where both the left ankle and dorsi and plantar flexion were slightly weaker than their counterpart and rated as 7-8/10. Sensory function has hypesthesias to light touch in her left lower extremities particularly below the left knee. Diagnoses included a history of failed lumbar spine surgery syndrome, status post six lumbar spine operative procedures between 1987 and 2011. Chronic intractable lumbar spine pain associated with left lumbar radiculopathy associated with

multilevel lumbar spine pathology and surgeries was noted. Moderate T12-L1 spinal canal stenosis secondary to disc spur complexes likely compression of the descending left T12 and right LI nerve roots per CT computed tomography of the lumbar spine performed on 09-25-13 was noted. Treatment plan was documented. This patient condition is being treated conservatively including the use of spinal exercises in an attempt to very gradually improve her current moderate list of her trunk and hence decrease her need for pain medications. Utilization review determination date was November 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325MG #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 78-80, & 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Hydrocodone/Acetaminophen Page(s): 74-96; 91.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines on page 89 presented the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. In this case, Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain.Medical records document a history of failed lumbar spine surgery syndrome, status post six lumbar spine operative procedures between 1987 and 2011. Chronic intractable lumbar spine pain associated with left lumbar radiculopathy associated with multilevel lumbar spine pathology and surgeries was noted. Moderate T12-L1 spinal canal stenosis secondary to disc spur complexes likely compression of the descending left T12 and right LI nerve roots per CT of the lumbar spine performed on 09-25-13 was noted. Medical records document pain and objective evidence of pathology. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request Hydrocodone/Acetaminophen is supported by the medical records and MTUS guidelines. Therefore, the request for Hydrocodone-acetaminophen 10 quantity 120 is medically necessary.

Elastic lumbar spine support brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 3rd edition, Bibliographic Source: Low Back Disorders. Hegmann KT, editor(s). Occupational medicine practice guidelines. Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011. pages 333-796. Table 2: Summary of Recommendations by Low Back Disorder. http://www.guideline.gov/content.aspx?id=38438.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses lumbar supports. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 301) states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ACOEM 3rd edition occupational medicine practice guidelines (2011) state that lumbar supports are not recommended for the treatment of low back disorders. Lumbar supports are not recommended for prevention of low back disorders.Medical records document a history of lumbar back conditions. MTUS and ACOEM guidelines do not support the medical necessity of lumbar supports. Therefore, this request is not medically necessary.