

Case Number:	CM14-0216810		
Date Assigned:	01/06/2015	Date of Injury:	01/12/1995
Decision Date:	02/28/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/26/2014

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: 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:

This 77 year old male sustained a work related injury on 1/12/1995. According to the Utilization Review, the mechanism of injury was reported to be injury from an automobile accident. The current diagnoses are radiculopathy of the lumbar spine, muscle spasm, fibromyalgia/myositis, cervical radiculopathy, and cervical spondylosis. According to the progress report dated 11/19/2014, the injured workers chief complaints were increased pain in the back. Additionally, he reported significant pain radiating down left lower extremity. Per notes, the pain is significantly limiting his tolerance for activities of daily living. The physical examination of the lumbar facet revealed left sided pain at L3-S1. There was pain noted over the lumbar intervertebral spaces on palpation. Lumbar flexion and extension causes pain. The injured worker was previously treated with medications, trigger point injections, and brace. On this date, the treating physician prescribed Prednisone, Fioricet, and LSO brace, which is now under review. The LSO brace was prescribed specifically to expedite the ability to return to work, assist with spinal stability, diminish axial loading, and restore normal ADL's. In addition to Prednisone, Fioricet, and LSO brace, the treatment plan included Opana and Opana ER. When the above treatments were prescribed work status was permanent and stationary. On 12/1/2014, Utilization Review had non-certified a prescription for Prednisone, Fioricet, and LSO brace. The Prednisone was non-certified based on unclear documentation of short course treatment. The Fioricet was non-certified based on no clear discussion as to why the injured worker was prescribed this medication. The LSO brace was non-certified based on no indication of criteria to

meet the medical necessity of a lumbar brace. The California MTUS ACOEM and Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prednisone 5mg, #18: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Low Back chapter, under Corticosteroids (oral/parenteral/IM for low back pain)

Decision rationale: The patient presents with low back pain that radiates significantly to the left lower extremity, as per progress report dated 11/19/14. The request is for PREDNISONE 5 mg TABLET, TWICE A DAY FOR 9 DAYS, DISPENSE 18 TABLETS. The pain is rated at 6-10/10, as per progress report dated 10/22/14. ODG Guidelines, Low Back chapter, under Corticosteroids (oral/parenteral/IM for low back pain) recommends, Oral corticosteroids for limited circumstances as noted below for acute radicular pain, not recommended for acute non-radicular pain (i.e., axial pain) or chronic pain. Multiple severe adverse effects have been associated with systemic steroid use. In this case, a prescription for Prednisone was first noted in progress report dated 10/22/14. In the report, the treater states that the patient's leg gave out in the shower and he fell down. This has resulted in severe pain in the low back that radiates to the left calf. The patient has pain in the posterior left leg when he leans back. Although the treater does not discuss the specific purpose of Prednisone, it was probably prescribed to address this acute pain. In progress report dated 11/19/14, the treater states that the patient never took the medication as the pharmacy lost the prescription. The treater, therefore, requests for another short course of Prednisone treatment. ODG, however, does not recommend oral corticosteroids unless there is acute radicular pain. Hence, the request IS NOT medically necessary.

Fioricet 50/325/40mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate Containing Analgesics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter 'Pain (Chronic)' and topic 'Barbiturate-containing analgesic agents (BCAs)'

Decision rationale: The patient presents with low back pain that radiates significantly to the left lower extremity, as per progress report dated 11/19/14. The request is for FIORICET 50 mg 325 mg 40 mg TABLET 1 TABLET EVERY 6 HOURS PRN FOR 30 DAYS DISPENSE 120 TABLET. The pain is rated at 6-10/10, as per progress report dated 10/22/14. ODG Guidelines, chapter 'Pain (Chronic)' and topic 'Barbiturate-containing analgesic agents (BCAs)', states that

Fioricet is Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) Fioricet is commonly used for acute headache, with some data to support it, but there is a risk of medication overuse as well as rebound headache. (Friedman, 1987) The AGS updated Beers criteria for inappropriate medication use includes barbiturates. In this case, a prescription for Fioricet is first noted in progress report dated 02/12/14 and the patient has been receiving the medication consistently at least since then. The treater, however, does not discuss the purpose of the medication. In progress report dated 06/02/14, the treater states that medications help reduce pain from 9/10 to 4/10. However, this information is not specific to Fioricet. Additionally, ODG guidelines do not recommend Barbiturate-containing analgesics for chronic pain. Hence, the request IS NOT medically necessary.

LSO brace: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Lumbar Supports

Decision rationale: The patient presents with low back pain that radiates significantly to the left lower extremity, as per progress report dated 11/19/14. The request is for LSO BRACE. The pain is rated at 6-10/10, as per progress report dated 10/22/14. ODG Guidelines, chapter Low Back Pain and Title Lumbar Supports, state that lumbar supports such as back braces are 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). Under study for post-operative use. In progress report dated 11/19/14, the treater states that the patient had used brace in the past that helped. The treater recommends the brace for posterior and lateral support and states that LSO will help 1. Expedite the patient's ability to return to work 2. Assist with spinal instability 3. Diminish axial loading 4. Restore normal ADLs However, review of the reports do not show any radiographic evidence of instability. There is no documentation of spondylolisthesis. The diagnosis has spondylosis, or degeneration for which Lumbar support is not indicated. ODG states there is very low quality evidence for the use of lumbar bracing for non-specific LBP. The request IS NOT medically necessary.