

Case Number:	CM15-0016082		
Date Assigned:	02/04/2015	Date of Injury:	02/23/2012
Decision Date:	03/30/2015	UR Denial Date:	01/17/2015
Priority:	Standard	Application Received:	01/28/2015

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, Arizona
 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 43-year-old male who reported injury on 02/23/2012. The mechanism of injury was not provided. The injured worker underwent an L4-5 and L5-S1 laminotomy and micro decompression on 01/02/2014 with residuals. Other therapies included chiropractic, physical therapy, medications, injections and surgical interventions. The injured worker was utilizing opiates since at least 07/2014. The injured worker underwent urine drug screens. Most recent documentation submitted for review was dated 12/30/2014; the documentation indicated the injured worker complained of low back pain, rated a 1/10 to 2/10. The injured worker was awaiting physical therapy and continued to experience moderate low back pain with physical activities. The physical examination revealed spasms and tenderness to palpation. The treatment plan included a home exercise program and medications, including Soma 350 mg 1 by mouth twice a day as needed for spasms and tramadol 100 mg 1 by mouth every 4 hours as needed. Additionally, the request was made for a Kronos lumbar pneumatic brace. The physician documented the back brace was for the acute phase of the injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60,78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. However, there was a lack of documentation indicating objective functional benefit and objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tramadol 100mg #30 is not medically necessary.

Kronos lumbar pneumatic 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): 300.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. The clinical documentation submitted for review indicated the injured worker was in the acute phase of injury. There was a lack of documentation indicating a new injury. The injured worker's injury was noted to have taken place and be reported in 2012. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for Kronos lumbar pneumatic brace is not medically necessary.