

Case Number:	CM15-0119668		
Date Assigned:	06/30/2015	Date of Injury:	03/01/2015
Decision Date:	08/25/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/22/2015

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 42 year old male, who sustained an industrial injury on 3/1/2015. He reported feeling a pop and pain in his lower back. Diagnoses have included chronic lumbosacral strain and morbid obesity. Treatment to date has included chiropractic treatment and medication. According to the progress report dated 5/6/2015, the injured worker complained of low back pain. He was using a back brace and continued to work with modified duty. Exam of the lumbar spine revealed restricted range of motion. There was paralumbar muscle guarding and right sacroiliac tenderness. He had a positive sacral compression test. Authorization was requested for a back brace, Conzip, Vimovo and LidoPro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back Brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 - Lumbar & Thoracic Chapter, lumbar supports topic.

Decision rationale: The patient presents with low back pain rated 8/10. The request is for Back Brace. The request for authorization is not provided. Physical examination of the lumbar spine reveals restricted range of motion. He has paralumbar muscle guarding. There is right sacroiliac tenderness. He has a positive sacral compression test. Patient has completed six sessions of chiropractic care, and has tried rest and ice without improvement. Per progress report dated 05/06/15, the patient is working on modified duty. 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 treatment of nonspecific LBP, compared with no lumbar support, an elastic lumbar belt may be more effective than no belt at improving pain (measured by visual analogue scale) and at improving functional capacity (measured by EIFEL score) at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months". 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 05/06/15, treater's reason for the request is "to reduce pain by restricting mobility of the trunk and to support weak spinal muscles." In this case, from the date of injury, 03/01/15 to the UR date, 05/19/15, it has been less than 3 months. ODG supports the use of a lumbar belt in people with subacute low back pain lasting 1 to 3 months. The request appears reasonable and within guidelines indication. Therefore, the request is medically necessary.

Vimovo 500mg/20mg quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter on Vimovo.

Decision rationale: The patient presents with low back pain rated 8/10. The request is for Vimovo 500mg/20mg Quantity 60. The request for authorization is not provided. Physical examination of the lumbar spine reveals restricted range of motion. He has paralumbar muscle guarding. There is right sacroiliac tenderness. He has a positive sacral compression test. Patient has completed six sessions of chiropractic care, and has tried rest and ice without improvement. Per progress report dated 05/06/15, the patient is working on modified duty. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines under the pain chapter on Vimovo states, "not recommended as a first-line therapy". The NSAID/PPI combo is indicated to relieve signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis while decreasing the risks of NSAID-related gastric ulcers in susceptible patients. As with Nexium, a trial of omeprazole and naproxen or similar combination is recommended before

Vimovo therapy. Treater does not specifically discuss this medication. This appears to be the initial trial prescription for Vimovo. However, treater does not discuss or document any GI risk factors to warrant a combination NSAID/PPI therapy. Additionally, ODG guidelines do not consider Vimovo as part of first-line therapy and require a trial of "Omeprazole and Naproxen or similar combination is recommended before Vimovo therapy." Therefore, the request is not medically necessary.

Lidopro cream, unspecified quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113; 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The patient presents with low back pain rated 8/10. The request is for Lidopro Cream, unspecified quantity. The request for authorization is not provided. Physical examination of the lumbar spine reveals restricted range of motion. He has paralumbar muscle guarding. There is right sacroiliac tenderness. He has a positive sacral compression test. Patient has completed six sessions of chiropractic care, and has tried rest and ice without improvement. Per progress report dated 05/06/15, the patient is working on modified duty. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Treater does not specifically discuss this medication. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form per MTUS. Therefore, the request is not medically necessary.

Urine toxicology: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter for Urine Drug Testing.

Decision rationale: The patient presents with low back pain rated 8/10. The request is for Urine Toxicology. The request for authorization is not provided. Physical examination of the lumbar spine reveals restricted range of motion. He has paralumbar muscle guarding. There is right sacroiliac tenderness. He has a positive sacral compression test. Patient has completed six

sessions of chiropractic care, and has tried rest and ice without improvement. Per progress report dated 05/06/15, the patient is working on modified duty. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low-risk patients. Per progress report dated 05/06/15, treater's reason for the request is "testing will be done periodically." In this case, the patient is prescribed Conzip, which is an opiate. ODG recommends once yearly urine drug screen for management of chronic opiate use in low-risk patients. Therefore, the request is medically necessary.