

Case Number:	CM15-0175832		
Date Assigned:	09/17/2015	Date of Injury:	11/08/2011
Decision Date:	10/23/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/08/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 8, 2011. In a Utilization Review report dated August 10, 2014, the claims administrator partially approved a request for Vicodin while denying a request for a lumbar support. The claims administrator referenced a letter dated July 29, 2015 and an office visit dated July 27, 2015 in its determination. The applicant's attorney subsequently appealed. On an RFA form dated August 6, 2015, a lumbar support/lumbar corset was endorsed. In an associated progress note dated July 27, 2015, the applicant reported ongoing complaints of low back pain status post earlier failed fusion surgery. The applicant was apparently not working. The treating provider stated the applicant still had severe pain complaints. The attending provider stated that the applicant's application for Social Security Disability Insurance (SSDI) had seemingly been denied. Vicodin was endorsed, seemingly without any discussion of medication efficacy. A lumbar support in question was also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for Vicodin, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was not working, it was reported on July 27, 2015. The applicant had apparently applied for Social Security Disability Insurance (SSDI), it was reported on that date. Severe back pain was evident, it was stated in at least one section of the note. The attending provider also noted that the applicant had difficulty lifting, bending, stooping, and climbing owing to his back pain complaints. It did not appear, in short, the applicant had profited appreciably with ongoing Vicodin usage in terms of the parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was not medically necessary.

One lumbar corset brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: Similarly, the request for lumbar corset brace (AKA lumbar support) was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports have not been shown to have any lasting benefits beyond the acute phase of symptom relief. Here, the applicant was, quite clearly, well outside of the acute phase of symptoms relief following an industrial injury of November 8, 2011 as of the date of the request, July 27, 2015. Introduction, selection, and/or ongoing usage of a lumbar support were not indicated at this late stage in the course of the claim, per the MTUS Guideline in ACOEM Chapter 12, page 301. Therefore, the request was not medically necessary.