MAXIMUS Federal Services

Case Number:	CM15-0090694		
Date Assigned:	05/15/2015	Date of Injury:	10/08/2012
Decision Date:	06/16/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/11/2015

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, Illinois
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 injured worker is a 38 year old male, who sustained an industrial injury on 10/08/2012. The injured worker was diagnosed as having 2mm disc bulge L2-3, 3mm disc bulge L3-4, 5mm paracentral disc protrusion L4-5, and 4mm paracentral disc protrusion L5-S1 (per magnetic resonance imaging 12/03/2013), musculoligamentous sprain lumbar spine, left knee sprain, and possible internal derangement left knee. Treatment to date has included physical therapy, acupuncture, and medications. Surgical intervention for bilateral inguinal hernias was noted on 1/26/2015. On 4/06/2015, the injured worker complains of constant pain and discomfort in the lumbar spine, described as burning in nature, with associated numbness and pins/needles sensations. His pain radiated to the bilateral legs and feet, and increased with prolonged standing, sitting, walking, or stairs. His pain was rated 5/10. Exam noted tenderness to palpation over the lumbar spine, decreased range of motion with pain and spasm, and positive straight leg raise bilaterally. The use of Norco was noted since at least 10/2013. The treatment plan included transcutaneous electrical nerve stimulation unit, lumbar spine back/belt support, pain management referral, and continued Norco. On 5/04/2015, he reported recent episode of increased back pain, to the point of contemplating going to the Emergency Department. Prior to this incident on 5/03/2015, he reported that his pain was "ok, very minor", and he was able to perform activities of daily living. His work status remained total temporary disability. Urine drug screen (1/15/2015) was inconsistent with prescribed medications, not showing the use of Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 10/08/2012. The medical records provided indicate the diagnosis of 2mm disc bulge L2-3, 3mm disc bulge L3-4, 5mm paracentral disc protrusion L4-5, and 4mm paracentral disc protrusion L5-S1 (per magnetic resonance imaging 12/03/2013), musculoligamentous sprain lumbar spine, left knee sprain, and possible internal derangement left knee. Treatment to date has included diagnostics, physical therapy, acupuncture, and medications. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg #60. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment of there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the use of this medication predates 10/31/13, but the 2015 report noted no significant of improvement. The records indicate the injured worker is not properly monitored for pain relief, adverse effects and activities of daily living. Therefore, the requested medical treatment is not medically necessary.

Lumbar spine support/back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar supports.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: The injured worker sustained a work related injury on 10/08/2012. The medical records provided indicate the diagnosis of 2mm disc bulge L2-3, 3mm disc bulge L3-4, 5mm paracentral disc protrusion L4-5, and 4mm paracentral disc protrusion L5-S1 (per magnetic resonance imaging 12/03/2013), musculoligamentous sprain lumbar spine, left knee sprain, and possible internal derangement left knee. Treatment to date has included diagnostics, physical therapy, acupuncture, and medications. The medical records provided for review do not indicate a medical necessity for Lumbar spine support/back brace. The MTUS recommends against the use of back support. Therefore, the requested medical treatment is not medically necessary.