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| <b>Case Number:</b>   | CM13-0010043 |                              |            |
| <b>Date Assigned:</b> | 09/19/2013   | <b>Date of Injury:</b>       | 01/04/2005 |
| <b>Decision Date:</b> | 08/06/2014   | <b>UR Denial Date:</b>       | 08/07/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/12/2013 |

### 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. The expert reviewer is Board Certified Orthopedic Surgery and is licensed to practice California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 50-year-old female who was reportedly injured on January 4, 2005. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated August 12, 2013, indicates that there are ongoing complaints of cervical spine pain. No physical examination was performed on this date. The current medications were stated to include Celebrex, Dss, Miralax, OxyContin, Cyclobenzaprine, Lunesta, Nexium, Prevident, and Percocet. These medications were renewed on this date. Flexeril and Percocet were stated to have improved the injured employee's functional level without adverse effects. A more recent note indicates the presence of foot pain but is difficult to read. A request had been made for Percocet and aquatic therapy and was not certified in the pre-authorization process on August 6, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **8 AQUATIC PHYSICAL THERAPY VISITS BETWEEN 7/19/13 AND 10/1/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22 OF 127.

**Decision rationale:** Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. However, such a program needs to be attended and monitored by medical health professional. Furthermore it is unclear what body part is recommended for treatment with aquatic therapy. Without such information, this request for eight visits of physical aquatic therapy is not medically necessary.

**1 PRESCRIPTION OF PERCOCET 10/325MG #240:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. However, such a program needs to be attended and monitored by medical health professional. Furthermore it is unclear what body part is recommended for treatment with aquatic therapy. Without such information this request for eight visits of physical aquatic therapy is not medically necessary.

**Decision rationale:** The injured employee has had a stated work-related injury in 2005 and has been taking opioids for a considerable length of time. Although the most recent progress note dated August 12, 2013, states there is functional improvement with the usage of Percocet, there is no recent documentation of objective pain improvement with the usage of this medication. Nor is there any screening for side effects, potential abuse or aberrant behavior. For these reasons this request for Percocet 10/325mg #240 is not medically necessary.