

<b>Case Number:</b>	CM13-0011497		
<b>Date Assigned:</b>	09/20/2013	<b>Date of Injury:</b>	08/08/2012
<b>Decision Date:</b>	02/17/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in New York and Texas. 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 physician 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 patient is a 58-year-old male who reported an injury on 08/08/2012. The mechanism of injury was noted to be a fall. The patient's symptoms were noted to include right calf pain, left ankle pain, and left lateral calf pain. His diagnoses include right hamstring strain and right calf strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg every 8 hours for pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management, Page(s): 78.

**Decision rationale:** California MTUS Guidelines state for patients taking opioid medications, ongoing review and documentation of pain relief, functional status and the "4 As" for ongoing monitoring is required. A detailed pain assessment should include the patient's current pain, his least reported pain over the period since his last assessment, average pain level, intensity of pain with the opioid, how long it takes for pain relief, and how pain relief lasts. Additionally, the "4

As" including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be included in the documentation. The clinical information submitted for review failed to address the detailed documentation required by the guidelines for the ongoing use of patients taking opioid medications. Therefore, the request is non-certified

**8 additional sessions of aquatic therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22, 98-99.

**Decision rationale:** California MTUS Guidelines state aquatic therapy is recommended as an optional form of physical therapy, when reduced weightbearing is desired. Guidelines also state that therapy for the treatment of unspecified myalgia and myositis is recommended as 9 to 10 visits over 8 weeks. The patient had physical therapy on 04/08/2013 and it was noted to be his 8th visit. At that time, it was noted that he was having a lot of pain, he used a cane to ambulate, his range of motion in his knee and ankle were within normal limits, and he had tenderness to palpation in his paraspinal muscles. At his 06/24/2013 physical therapy visit which was noted to be his 20th visit, his findings included slow improvement to pain, ambulation with the assistance of a cane, palpable pain and spasm to his calf muscles, and normal range of motion of the ankle and knee. Therefore, there is no detailed documentation of objective functional gains the patient has made with his previous therapy visits. As the patient was noted to have had a previous 20 visits of physical therapy, which exceeds the guidelines' recommendations, and was not noted to have made any objective functional gains, the request for further aquatic therapy is not supported.