

<b>Case Number:</b>	CM13-0016791		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	01/13/2002
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 Family Practice and is licensed to practice in 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 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 61-year-old female who reported injury on 01/13/2002. The mechanism of injury was not provided. The patient was noted to be status post right knee replacement with residuals post-revision surgery in 2009. The patient was noted to have complaints of low back pain. The patient's pain was noted to be a 5/10 to 6/10. The patient had knee pain that was rated at a 7/10 to 8/10. The patient's medications were noted to be Vicodin and Celebrex. The patient's diagnoses were noted to include status post right total knee replacement, degenerative joint disease of the left knee with a probable meniscus tear, and a herniated nucleus pulposus of the lumbar spine. The request was made for medication refills and physical therapy, pool therapy for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy/pool therapy for the lumbar spine, 2 times per week for 4 weeks:** Upheld

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

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

**Decision rationale:** California MTUS guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. The guidelines indicate the treatment for Myalgia and myositis is 9-10 visits and for Neuralgia, neuritis, and radiculitis, it is 8-10 visits. Clinical documentation submitted for review indicated the patient had previous pool therapy. However, it failed to provide documentation of the necessity for the therapy. There is a lack of documentation indicating the patient had a necessity for reduced weightbearing. Additionally, there was a lack of documentation indicating the number of sessions the patient had received and there was a lack of documentation indicating the functional benefit received from the therapy. Given the above, the request for physical therapy/pool therapy for the lumbar spine 2 times per week for 4 weeks is not medically necessary.

**Prilosec 20mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** CA MTUS recommends PPI's for the treatment of dyspepsia secondary to NSAID therapy. Clinical documentation submitted for review failed to provide the patient had signs and symptoms of dyspepsia. Given the above, and the lack of documentation, the request for Prilosec 20 mg #30 with 3 refills is not medically necessary.

**Celebrex 200mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 12, 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 30.

**Decision rationale:** California MTUS guidelines indicates that Celebrex is an NSAID and is the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Clinical documentation submitted for review indicated the patient had ongoing treatment with this medication. However, it failed to provide the efficacy of the requested medication. As long term use may not be warranted, there was a lack of documentation of the patient's functional benefit received from the medication, and additionally, there was a lack of documentation indicating the patient needed 3 refills. Given the above, the request for Celebrex 200 mg #30 with 3 refills is not medically necessary.

**Vicodin 5/500mg #100 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Vicodin  
Page(s): 75.

**Decision rationale:** California MTUS guidelines recommend short acting opioids such as Vicodin for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. Clinical documentation submitted for review indicated the patient had ongoing pain; however, it failed to provide the functional benefit, as well as the documentation of the 4 A's. Given the above, the request for Vicodin 5/500 #100 with 3 refills is not medically necessary.