

Case Number:	CM13-0019185		
Date Assigned:	10/11/2013	Date of Injury:	09/29/2002
Decision Date:	01/06/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/03/2013

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 and Rehabilitation has a subspecialty in Interventional Spine 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:

This is a 40 Year old female with a 3/29/02 industrial injury, and continues to have mid and low back pain. There is history of hemilaminectomy at L5/S, facetectomy on 9/11/03 and subsequent failed back syndrome. The 9/11/13 report from pain management/██████████, states she had 8 sessions of physical therapy a few months ago, but started to gain weight since Celebrex was stopped.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) aquatic therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Section and the Physical Medicine Section Page(s): 22, 98-99.

Decision rationale: The patient is reported to have had aquatic therapy in the past, reporting it "helps" however, there was no mention of any functional improvement as defined under the California MTUS: The MTUS states 'All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is

accomplished by reporting functional improvement' The patient has not been reported to show functional improvement with prior physical therapy. Continuing with treatment that has not been reported to show functional improvement is not in accordance with MTUS guidelines.

Rozerem 8 mg #30: Overturned

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 Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treatment Section..

Decision rationale: The California MTUS Guidelines does not mention insomnia treatment. The Official Disability Guidelines (ODG) was consulted in this case. The records show the patient has a long history of sleep difficulty. She was on Ambien and went through a detox program. The 2/1/11 report from the [REDACTED] noted that she had been on Rozerem and an OTC herbal medication and has found improvement in sleep. The FDA has approved Rozerem for long-term use, and ODG has recommendations for use for sleep latency, but notes total sleep time might not be effected. ODG states there is no abuse potential for this drug. The continued use of Rozerem appears to be in accordance with ODG guidelines.

Gabapentin 300 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS Guidelines support Gabapentin for neuropathic pain, and the patient has been reported to have a failed back syndrome. However, from the 4/2013,5/2013, 6/2013, 7/2013 and 9/2013 reports, there are no exam findings to suggest neuropathic pain and there is no discussion whether Gabapentin helps with decreasing pain or increasing function or improving quality of life. The reporting does not meet the MTUS criteria for continued use.