MAXIMUS Federal Services

Case Number:	CM13-0022620		
Date Assigned:	11/13/2013	Date of Injury:	06/06/2000
Decision Date:	01/24/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/10/2013

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, and is licensed to practice in Oklahoma 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 06/06/2000 with the mechanism of injury being that the patient was hit in the head with a 400 pound large container, which rendered him unconscious. The patient was noted to have constant upper and lower back pain that was well-controlled with current medications and trigger injections. The range of motion was noted to be slightly to moderately restricted in all planes. The assessment was noted to include diagnoses of posttraumatic headaches with cognitive dysfunction, mild to moderate bilateral L5 radiculopathy, cervical radiculopathy and posttraumatic seizure disorder, generalized, with a superimposed history of pseudoseizure disorder. The request was made for 1 prescription of Norco 10/325 mg #180 between 07/23/2013 and 10/28/2013, one urine drug screen between 07/23/2013 and 07/23/2013, twelve aquatic therapy sessions to be performed at the gym or YMCA between 07/23/2013 and 10/28/2013 and 1 meditation CD by [redacted] between 07/23/2013 and 10/28/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 1 prescription of Norco 10/325mg #180 between 7/23/2013 and 10/28/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-78.

Decision rationale: California MTUS Guidelines recommend short-acting opioids such as Norco 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. The clinical documentation submitted for review indicated that the patient had greater than 50% relief with the prescribed medication. The patient's physical examination revealed he had a decreased range of motion of the thoracic and lumbar spine. The patient was noted to have pain in the upper and lower back. The patient's ability to function was significantly improved with the medication, as the patient was able to perform activities of daily living more than 50% of the time; and there was noted to be no documented abuse, diversion or hoarding of the prescribed medications and no evidence of illicit drug use. The clinical documentation submitted for review indicated that there was documentation of the patient's analgesia, activities of daily living and aberrant drug-taking behavior. Given the above, the request for 1 prescription of Norco 10/325 mg #180 between 07/23/2013 and 10/28/2013 is medically necessary.

The decision for 1 urine drug screen between 7/23/2013 and 7/23/2013: 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 Page(s): 75-78.

Decision rationale: The California MTUS Guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review indicated that the patient had a urine drug screen in 02/2012, 04/2013 and 05/2013; and there was no indication of illicit drug use. Additionally, per clinical documentation, the physician noted that there was no documentation of abuse, diversion or hoarding of prescribed medications and no evidence of illicit drug use. Given the above, the request for 1 urine drug screen between 07/23/2013 and 07/23/2013 is not medically necessary.

The request for 12 aquatic therapy sessions, to be performed at the gym or YMCA between 7/23/2013 and 10/28/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back and ACOEM Guidelines, Chapter 15: Stress Related Conditions (2004), Page 400.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(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 weightbearing is desirable. The guidelines indicate the treatment for myalgia and myositis is 9 to 10 visits; and

for neuralgia, neuritis and radiculitis, it is 8 to 10 visits. The clinical documentation submitted for review failed to provide the necessity for 12 aquatic therapy sessions and failed to provide that the patient had a need for reduced weight bearing. Additionally, the clinical documentation submitted for review failed to provide the number of physical therapy sessions that the patient had previously and their functional response to it. Given the above, the request for 12 aquatic therapy sessions to be performed at the gym or YMCA between 07/23/2013 and 10/28/2013 is not medically necessary.

The request for 1 meditation CD by [redacted] between 7/23/2013 and 10/28/2013: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 90.

Decision rationale: The California MTUS Guidelines recommend relaxation, mindful meditation, acceptance and distraction to improve the effectiveness of opioids for chronic pain. The clinical documentation submitted for review indicated that the patient was on opioids and indicated that the patient had depression at an 8/10. The patient noted that he had difficulty sleeping due to the pain and an inability to concentrate and interact with other people. Given the above and the indication of exceptional factors, this reviewer is reversing the prior UR decision. One meditation CD by [redacted] between 07/23/2013 and 10/28/2013 is medically necessary.