

Case Number:	CM13-0024385		
Date Assigned:	12/11/2013	Date of Injury:	03/26/1993
Decision Date:	01/22/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/16/2013

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 Pain Management, has a subspecialty in Disability Evaluation, and is licensed to practice in California and Florida. 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 an 83-year-old female with a history of chronic neck pain, chronic shoulder pain, anxiety, depression, insomnia, and chronic low back pain due to an industrial injury sustained on 03/26/93. She has been treated with the following: Prior lumbar fusion surgery; prior cervical fusion surgery; analgesic medications; adjuvant medications; and permanent work restrictions. She is on Vicodin, and Neurontin. She continues to exhibit a limp, diminished right upper extremity sensorium, and pain in the neck pain and back around the lumbar spine. She uses Vicodin to achieve some rest in the evening. She had 12 sessions of physical therapy earlier in 2013. At issue is whether extra strength Vicodin and aquatherapy are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin extra strength: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids Page(s): 75,80,88.

Decision rationale: According to the MTUS guidelines, Vicodin® is as short-acting opioids, also known as "normal-release" or "immediate-release" opioids are seen as an effective method

in controlling chronic pain. They are indicated for moderate to moderately severe pain, and are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of shortacting agents due to their adverse effects. The duration of action is generally 3-4 hours. The usual dose of 5/500mg is 1 or 2 tablets by mouth (PO) every four to six hours as needed for pain (Max 8 tablets/day). For higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. Hydrocodone has a recommended maximum dose of 60mg/24 hours. The dose is limited by the dosage of acetaminophen, which should not exceed 4g/24 hours. Opioids should be continued: (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. The attending provider suggests in the most recent progress note that the patient is deriving some analgesia through usage of Vicodin, suggesting that it is making her quality of life tolerable. Thus, two of the MTUS criteria for continuation of opioid therapy-analgesia and improved functioning-has seemingly been met. Therefore, Vicodin extra strength is medically necessary.

Aqua therapy two (2) times a week for six (6) weeks: Upheld

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

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

Decision rationale: The MTUS guidelines indicate that 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. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. However, passive exercise therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In MTUS guidelines, section physical medicine, home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The recommended duration of therapy for myalgia and myositis, are 9-10 visits over 8 weeks, while neuralgia, neuritis, and radiculitis, are 8-10 visits over 4 weeks. In this case, the patient had 12 visits in January of 2013, which were way over the recommended

duration guidelines, as such aqua therapy 2 times a week for six weeks is not medically necessary.