

<b>Case Number:</b>	CM13-0026887		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	06/12/2004
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice and is licensed to practice in 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 expert 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 injured worker is a 55-year-old female who reported an injury on 06/12/2004. The mechanism of injury was not provided. Current diagnoses include reflex sympathetic dystrophy of the right upper extremity, right shoulder strain, cervical strain, lumbar strain, cervicogenic headaches, secondary depression, bruxism, TMJ dysfunction, xerostomia, secondary GI upset, and urinary and stool incontinence. The injured worker was evaluated on 08/13/2013. The injured worker reported ongoing pain in the shoulder and lower back. Physical examination revealed positive straight leg raise, positive Lasãgue's testing, positive Spurling's maneuver, and dysesthesia in the right upper extremity. Treatment recommendations included aquatic therapy twice per week for 6 weeks and continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second-line treatment after acetaminophen. The current request does not include a frequency or quantity. Therefore, the request is not medically appropriate. As such, the request is not medically necessary and appropriate.

**Morphine sulfate 15mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. According to the documentation provided for review, the injured worker has utilized morphine sulfate IR 15 mg since 04/2013. Despite ongoing use of this medication, the injured worker continues to report persistent pain. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore, ongoing use cannot be determined as medically appropriate. There is also no frequency listed in the current request. Based on the clinical information received, the request is not medically necessary and appropriate.

**Lyrica 75mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20.

**Decision rationale:** California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. The current request does not include a frequency or quantity. The clinical information submitted for review failed to document objective improvement as a result of the requested medication. Therefore, the request is not medically appropriate.

**Cidaflex:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

**Decision rationale:** California MTUS Guidelines state glucosamine and chondroitin sulfate are recommended as an option given the low risk in patients with moderate arthritis pain. The current request does not include a strength, frequency, or quantity. Therefore, the request is not medically necessary and appropriate.

**Aquatic therapy for lumbar spine (12 sessions):** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state aquatic therapy is recommended as an alternative form of exercise therapy, where available, as an alternative to land-based physical therapy. There is no indication that this injured worker requires reduced weight-bearing as opposed to land-based physical therapy. Additionally, California MTUS Guidelines state physical medicine treatment for 9-10 visits over 8 weeks. Treatment for neuralgia, neuritis, and radiculitis includes 8 to 10 visits over 4 weeks. The current request for 12 sessions of aquatic therapy for the lumbar spine exceeds guideline recommendations. There was a lack of rationale provided to support the necessity of aquatic based therapy and need for reduced weight bearing. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary and appropriate.

**Follow up:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state physician follow-up can occur when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected. Physician follow-up might be expected every 4 to 7 days if the patient is off work and 7 to 14 days if the patient is working. The injured worker does maintain diagnoses of reflex sympathetic dystrophy as well as cervical and lumbar radiculopathy. The injured worker does report ongoing pain with activity limitation. The patient is also pending authorization for aquatic physical therapy and several medications. Therefore, the medical necessity for a follow-up visit is medically necessary and appropriate.