

Case Number:	CM13-0030300		
Date Assigned:	11/27/2013	Date of Injury:	07/02/2002
Decision Date:	01/23/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/30/2013

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 Anesthesiology and Pain Medicine, and is licensed to practice in 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 a 58-year-old male with a date of injury of 7/2/02. The patient presented with intractable back pain with underlying severe stenosis, chronic pain, obvious discomfort, morbid obesity, lumbar spine tenderness, painful range of motion, and gait assisted with a cane. The patient had diagnoses of history of severe lumbar spinal stenosis, morbid obesity, large abdominal/ventral hernia, right index finger trigger finger, and history of carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 aquatic therapy sessions:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy Page(s): 22.

Decision rationale: The California MTUS guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, 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 in cases of extreme

obesity. The guidelines recommend 8-10 sessions over four weeks with an initial clinical trial of six sessions in order to demonstrate objective functional improvement with therapy. Within the provided documentation, the requesting physician did not include an adequate and full assessment of the patient's complete objective functional condition in order to demonstrate deficits needing to be addressed with aquatic therapy. Additionally, the site for which the aquatic therapy was requested was unclear within the provided documentation. Furthermore, the requested number of sessions exceeds what the guidelines recommend. Therefore, the request for 18 aquatic therapy sessions is neither medically necessary nor appropriate.

Ultram 50mg: 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): 78.

Decision rationale: The California MTUS guidelines recommend that patients using opioid medication should obtain prescriptions from a single practitioner, that medications should be taken as directed, and that all prescriptions should come from a single pharmacy. Providers should prescribe the lowest possible dose in order to improve pain and function, and should conduct and document ongoing reviews of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Within the provided documentation, the requesting physician did not include adequate documentation of significant objective functional improvement with the use of the medication. Additionally, the requesting physician did not include an adequate assessment of the patient's pain including current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Therefore, the request for one prescription of Ultram 50mg is neither medically necessary nor appropriate.

Soma 350mg: 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.

Decision rationale: The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most cases of low back pain, they show no benefit

beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Within the provided documentation, the requesting physician's rationale for the request was unclear. Additionally, it was unclear how long the patient had been taking the medication. Therefore, the request for one prescription of Soma 350mg is neither medically necessary nor appropriate.

Ambien 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines for Pain (chronic): Insomnia treatment.

Decision rationale: The California MTUS guidelines and ACOEM do not address Ambien; however, the Official Disability Guidelines define Zolpidem as a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. The Official Disability Guidelines note primary insomnia is generally addressed pharmacologically and secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed, i.e. sleep onset, sleep maintenance, sleep quality, and next-day functioning. It is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next-day functioning. Within the provided documentation, the requesting physician did not include adequate documentation of significant insomnia. Within the provided documentation the requesting physician did not include adequate documentation of improved sleep onset, sleep maintenance, sleep quality, and next day functioning. Additionally, the requesting physician's rationale for the request was unclear. Therefore, the request for one prescription of Ambien 10mg is neither medically necessary nor appropriate.

of Viagra 100mg, #10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MedlinePlus

Decision rationale: The California MTUS, ACOEM, and the Official Disability Guidelines do not specifically address Viagra. MedlinePlus notes that Sildenafil (Viagra) is used to treat erectile dysfunction (impotence; inability to get or keep an erection) in men. Sildenafil (Revatio) is used to improve the ability to exercise in adults with pulmonary arterial hypertension (PAH; high blood pressure in the vessels carrying blood to the lungs, causing shortness of breath, dizziness, and tiredness). Sildenafil is in a class of medications called phosphodiesterase (PDE) inhibitors, and it treats erectile dysfunction by increasing blood flow to the penis during sexual

stimulation. This increased blood flow can cause an erection. Sildenafil treats PAH by relaxing the blood vessels in the lungs to allow blood to flow easily. Within the provided documentation, it was noted the medication was being requested for erectile dysfunction. Within the provided documentation, the requesting physician did not include documentation of significant improvement in the patient's condition with the use of the medication. Therefore, the request for one prescription of Viagra 100mg, #10 is neither medically necessary nor appropriate.

one prescription of Orthogel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Daily Med.

Decision rationale: The California MTUS, ACOEM, and the Official Disability Guidelines do not specifically address Orthogel. Daily Med notes that Orthogel contains the active ingredient menthol, and recommends it for temporary relief from minor aches and pains of sore muscles and joints associated with arthritis pain, backache, strains and sprains; it should be applied to the affected areas not more than 3-4 times daily. Within the provided documentation, the requesting physician's rationale for the request was unclear. Additionally, the requesting physician did not indicate significant objective functional improvement with the use of the medication. Therefore, the request for one prescription of Orthogel is neither medically necessary nor appropriate.

prescription of Butrans Patches, 5mcg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for Pain (chronic): Buprenorphine for chronic pain & Buprenorphine for opioid dependence.

Decision rationale: The California MTUS and ACOEM do not specifically address Butrans. The Official Disability Guidelines note Butrans is recommended as an option for treatment of chronic pain in selected patients, including patients with a hyperalgesic component to pain, patients with centrally mediated pain, patients with neuropathic pain, patients at high-risk of non-adherence with standard opioid maintenance, and for patients experiencing analgesia who have previously been detoxified from other high-dose opioids. Butrans is also recommended for selected patients for treatment of opioid dependence. The provided documentation states that Butrans was being utilized to relieve pain not relieved by other non-narcotic analgesics; however, the requesting physician did not include adequate documentation of significant objective functional improvement with the use of the medication. Additionally, the requesting physician did not include documentation of a complete and full assessment of the patient's pain including current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain

relief lasts. Therefore, the request for one prescription of Butrans Patch 5mcg is neither medically necessary nor appropriate.