

<b>Case Number:</b>	CM13-0032611		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	12/13/2000
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 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:

The claimant is a 63 year old female who sustained a work related injury on 12/13/2000 to their left wrist and hand, left knee, and low back. The applicant complains of aching pain in the low back, and left knee. The applicant has undergone left knee arthroscopy and post operative physical therapy. The patient has been treated with Hydrocodone/Acetaminophen, Norco, Ativan, Gabapentin, and Naproxen. [REDACTED] medical report dated 11/12/2013 noted the applicant had some paraspinal tenderness of the lumbar spine. Left knee had mild limited flexion with no effusion but crepitus was significant. [REDACTED] requested pool membership, Ativan 1 mg PO QD #30, and Norco 10/325 Q6-8 h #60. [REDACTED] recommended a pool membership to decrease pain and improve mobility of joint. Ativan was prescribed for anxiety and Norco for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool membership:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guidelines, "aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. The Official Disability Guidelines (ODG), state, "Aquatic therapy (including swimming) can minimize the effects of gravity, especially deep water therapy with a floating belt as opposed to shallow water requiring weight bearing, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity.....both aquatic and land based exercise programs appear to result in comparable outcomes for function, mobility or pooled indices." As pertaining to this case, the provider has requested pool membership to decrease left knee pain and improve mobility of joint. The request for pool membership is medically necessary and appropriate.

**Ativan 1mg PO QD #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page(s): 24.

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guidelines, the use of benzodiazepines is not recommended for long-term use due to risk of dependence. The guidelines limit the use to 4 weeks. There is also no sufficient data available for long-term efficacy and is considered experimental. The request for Ativan 1mg PO QD #30 is not medically necessary and appropriate.

**Norco 10/325 Q 6-8 h #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): S 76-80.

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guidelines, there is limited efficacy for long-term use of opioid medication and should be limited to short-term pain relief. There is documentation that the patient has been taking this drug for prolonged period of time. Furthermore, guidelines recommend the continuous use of opioids is recommended if the patient has improved functioning and pain. There is no mention regarding ongoing documentation regarding function improvement and pain relief from this medication. Additionally, gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptom. The request for Norco 10/325 Q 6-8 h #60 is not medically necessary and appropriate.