

Case Number:	CM13-0037881		
Date Assigned:	12/18/2013	Date of Injury:	11/07/2003
Decision Date:	03/24/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/24/2013

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 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 49-year-old male who reported an injury on 01/07/2003. The mechanism of injury was not provided for review. The patient had chronic left leg and left hip pain treated with medications and a home exercise program. It was also noted that the patient wears a brace for foot drop. The patient's most recent clinical exam findings included loss of muscle mass in the quadriceps and gastrocnemius on the left, decreased hip flexion on the left, tenderness to palpation of the left lateral knee and ankle, range of motion described as limited with motor strength rated at a 3/5 on the left. Sensory loss of the left lateral knee and ankle was also noted. The patient's diagnoses included peroneal nerve transection, left lower extremity neuropathic pain, and left foot drop. The patient's treatment plan included continued medication, and aquatic therapy for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/350mg between 10/3/2013 and 12/8/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested prescription of hydrocodone 10/350 mg between 10/03/2013 and 12/08/2013 is not medically necessary or appropriate. The patient's most recent clinical evaluation dated 10/03/2013 does indicate that the patient is managed with medications and that medications allow for functional activities and performance of activities of daily living. It is noted that the patient's medication schedule included tramadol ER, Cymbalta, and hydrocodone. The California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of chronic pain be supported by a quantitative assessment of pain relief, managed side effects, documentation of functional improvement, and evidence of compliance to the prescribed medication schedule. The clinical documentation submitted for review does not provide a quantitative assessment of pain relief related to medication usage. Additionally, there is no documentation that the patient is regularly monitored for aberrant behavior. Therefore, continued use of this medication would not be supported. As such, the requested prescription of hydrocodone 10/350 mg between 10/03/2013 and 12/08/2013 is not medically necessary or appropriate.

6 months at service first of [REDACTED] aquatic therapy: 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 Aquatic Therapy Page(s): 22.

Decision rationale: The requested aquatic therapy for 6 months is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has chronic lower extremity pain and foot drop. California Medical Treatment Utilization Schedule recommends aquatic therapy when reduced weight-bearing is appropriate for the patient. The clinical documentation submitted for review does provide evidence that the patient walks up to 2 miles per day. Therefore, reduced weight-bearing would not be indicated. Additionally, the requested 6 months does not allow for timely re-evaluation or assessment to support efficacy of treatment. As such, the requested 6 months of aquatic therapy is not medically necessary or