

Case Number:	CM13-0041947		
Date Assigned:	01/22/2014	Date of Injury:	04/23/2008
Decision Date:	04/22/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/16/2013

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 Emergency Medicine 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 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:

This patient has a date of injury of 4/23/08. No mechanism of injury was provided. The patient was diagnosed with chronic lumbosacral radiculitis, sciatica, lumbosacral disc degeneration, gait instability, left foot arthritis, myofascial pain, malunion of fracture, bilateral foot posterior tibialis tendon dysfunction. Multiple records from primary treating physician and consultants were reviewed. The patient complained of low back pain with persistent pain, paresthesia and weakness in lower extremities similar to prior flare ups of her sciatica or lumbosacral plexopathy. Low back pain radiated to right buttock and was dull and achy and constant. Pain waxes and wanes with pain at 7/10 baseline. Pain worsens with bending, pushing, walking or any significant activity. The patient is only able to stand for 5minutes due to pain. Hydrocodone Final Determination Letter for IMR Case Number [REDACTED] 3 improves pain by approximately 60%. TENS unit improves pain by 40-60%. The patient has moderate difficulty with activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 AQUATIC THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine Page(s): 98-99.

Decision rationale: As per MTUS Chronic pain guidelines, aquatic therapy may be considered in place of ground based physical therapy under certain criteria. This patient meets the criteria due to prior foot injury and chronic pain decreasing tolerance to ground based exercise. However, as per MTUS guidelines, the number of sessions is recommended is to be an initial 8-10 visits over 4 weeks in fading frequency. The number of requested visits of 16 sessions is excessive and is not medically necessary.

8 ACUPUNCTURE SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient has had acupuncture therapy in the past which reportedly helped. However, as per MTUS guidelines, any additional acupuncture therapy extension requires documentation of actual functional improvement. There is no objective documentation of how the prior therapy helped with no objective pain scale and no reports of functional improvement of decrease in pain medication needs. Acupuncture sessions are not medically necessary.

1 PRESCRIPTION OF AMITIZA 24MCG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids Page(s): 77.

Decision rationale: Amitiza is lubiprostone. It is FDA approved for treatment of irritable bowel syndrome, chronic constipation or opioid induced constipation. The patient is currently on opioid therapy and is currently on tramadol and hydrocodone. Although there are vague prior complaints of constipation, there is no documentation of constipation or complaints of constipation in notes from primary treating physician from 8/31/13 and 1/13/14. There is no documentation concerning the severity and what has been tried in the past. There is no documentation of prior conservative prophylactic therapy like Dulcolax or Sennakot. As per MTUS guidelines, patients on opioid therapy should be on constipation prophylaxis. However, Amitiza is a second line treatment after failure of conservative prophylactic constipation medications. There is no documentation to support the use of a second line anti-constipation medication. Amitiza is not medically recommended.