

Case Number:	CM13-0045698		
Date Assigned:	02/21/2014	Date of Injury:	01/14/2013
Decision Date:	03/27/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/12/2013

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 & 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 35-year-old male who reported an injury on 01/16/2013 after a 14 foot fall onto the pavement that reportedly caused injury to his head, low back, and bilateral lower extremities with a documented loss of consciousness. The patient developed chronic pain that was managed with medications, acupuncture, a home exercise program, and aquatic therapy. The patient's most recent clinical examination findings documented that the patient had a right sided antalgic gait, diffuse tenderness to palpation along the lumbar paravertebral musculature with moderate facet tenderness and a positive straight leg raising test bilaterally. It is also noted that the patient had limited range of motion of the lumbar spine. Evaluation of the knees documented that the patient had a positive patellar compression test and McMurray's test of the right knee with moderate bilateral knee pain and coccyx pain with no significant evidence of instability. The patient also had decreased sensation in the L4 dermatomes bilaterally. The patient's treatment plan included discontinuation of acupuncture, continuation in a home exercise program, and continuation of aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Aquatic therapy Sessions: Upheld

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

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

Decision rationale: The requested 8 aquatic therapy sessions are not medically necessary or appropriate. The MTUS Guidelines recommend aquatic therapy for patients who would benefit from a non weight bearing environment while participating in an active therapy program. It is noted within the documentation that the employee has previously undergone aquatic therapy sessions. However, the need for continued non weight bearing environment is not established. There is no documentation to support that the employee is not able to transition into a land based therapy program. Therefore, the continued need for water based physical therapy is not clearly indicated. As such, the requested 8 aquatic therapy sessions is not medically necessary or appropriate.

One (1) prescription of Prilosec 20 mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The requested prescription of Prilosec is not medically necessary or appropriate. The MTUS Guidelines recommend the continued use of gastrointestinal protectants for patients who are at risk for developing gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review does indicate that the employee uses medications to manage the employee's chronic pain; however, the most recent clinical documentation does not provide any assessment of the employee's gastrointestinal system to support that the employee is at risk for development of gastrointestinal disturbance related to medication usage. As such, the requested Prilosec 20 mg #30 is not medically necessary or appropriate.

One (1) prescription of Fexmid 7.5 mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Muscle Relaxants Page(s): 63.

Decision rationale: The requested 1 prescription of Fexmid 7.5 #60 is not medically necessary or appropriate. The MTUS Guidelines do not recommend the extended use of this medication. The use of muscle relaxants is limited to short durations of treatment for acute exacerbations of chronic pain. The clinical documentation submitted for review does not provide any evidence that the employee is currently experiencing an acute exacerbation of chronic pain. Additionally, the clinical documentation does indicate that the employee has been on this medication for an

extended duration. Therefore, continued use would not be supported. As such, the requested 1 prescription of Fexmid 7.5 mg #60 is not medically necessary or appropriate.