

Case Number:	CM13-0048784		
Date Assigned:	12/27/2013	Date of Injury:	01/03/1994
Decision Date:	06/03/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/06/2013

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 Anesthesiology, has a subspecialty in Pain Medicine 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 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:

The patient is a 45 year old male injured on 01/03/94 due to an undisclosed mechanism of injury. Neither the specific injuries sustained nor the initial treatments rendered were discussed in the documentation provided. The current diagnoses include post-lumbar laminectomy syndrome and lumbar and sacral radiculopathy. Relevant objective findings include loss of lumbar lordosis, well-healed surgical scar, severe decreased range of motion with extension, right lateral bend, left lateral bend, mild tenderness to palpation of thoracic and lumbar paraspinal muscles with positive tenderness to palpation of facet joints in the thoracic and lumbar spine, no tenderness over sacroiliac joints bilaterally and non-tender with palpation of piriformis muscles bilateral. Previous treatments attempted to date include epidural steroid injections, opioid medications, antiinflammatories, Benzodiazepines, muscle relaxants, constipation medication, topical creams, sleep aids, Neurontin/Lyrica, acupuncture, physical therapy, and psychosocial therapy. The documentation indicates the patient completed 4 aqua therapy sessions prior to the 10/02/13 clinical note; however, there were no physical therapy notes to establish the efficacy of those sessions. The documentation does indicate that the patient reported overall decrease in pain, more flexibility in buttock and quads, sensitivity to touch in his low back has lessened; however, the patient did report increase in pain the day following the therapy. The patient reported use of Oxycodone is causing headaches and requesting use of another opioid. The patient is rating his pain at 4-6/10 with an average of 6/10. The patient is complaining of low back pain shooting into the buttocks with associated difficulty walking and poor sleep. The patient's Oxycodone was discontinued, Fentanyl patch 100mcg per hour was continued, Lidoderm patch 5% continued, Xanax 1mg BID, Testosterone Lipoderm discontinued, Dilaudid 4mg Q 4 hours PRN continued. Previous urine drug screen performed on 07/03/13 was noted per documentation to be consistent with currently prescribed medications. Previous utilization review advised the patient to decrease

Oxycodone from 135 tablets per month to 63 per month. However, the patient indicated that he was willing to decrease to 90 Oxycodone per month as he felt like he could remain stable on 3 pills per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

FENTANYL PATCH 100MCG/HR #15: Upheld

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

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

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There is no recent clinical documentation to establish the patient's pain management status. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Fentanyl Patch 100MCG/HR #15 cannot be established at this time.

DILAUDID 4MG #150: Upheld

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

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

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There is no recent clinical documentation to establish the patient's pain management status. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Dilaudid 4MG #150 cannot be established at this time.

SIX (6) AQUATIC THERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Page(s): 22-23.

Decision rationale: As noted on page 22 of the 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. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Additionally, there is no indication in the documentation that the patient is obese or requires aquatic therapy due to lower extremity injuries. Additionally, the documentation indicates the patient completed 4 aqua therapy sessions prior to the 10/02/13 clinical note; however, there were no physical therapy notes to establish the efficacy of those sessions. The documentation does indicate that the patient reported overall decrease in pain, more flexibility in buttock and quads, sensitivity to touch in his low back has lessened; however, the patient did report increase in pain the day following the therapy. As such, the request for six (6) aquatic therapy sessions cannot be recommended as medically necessary at this time.