

Case Number:	CM13-0056345		
Date Assigned:	12/30/2013	Date of Injury:	11/13/2002
Decision Date:	03/31/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/22/2013

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 Family Practice 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 female who reported an injury on 11/12/2002. The mechanism of injury was not specifically stated. The patient is currently diagnosed with cervical post laminectomy syndrome, status post anterior cervical discectomy and fusion, thoracic and lumbar spine sprain, severe depression and anxiety, myofascial pain, mild cervical dystonia, cervicogenic headaches, bilateral knee internal derangement, and bilateral elbow internal derangement. The patient was seen by [REDACTED] on 12/06/2013. Physical examination revealed tenderness to palpation along the medial and lateral joint line with soft tissue swelling as well as decreased range of motion of the ankle. Treatment recommendations included continuation of current medication as well as aquatic therapy twice per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy, QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

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

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available as an alternative to land-based physical therapy. As per the documentation submitted, the patient's physical examination of bilateral knees only revealed tenderness to palpation. There is no indication of the need for reduced weight bearing as opposed to land-based physical therapy. Aquatic therapy was also requested by [REDACTED] on 10/11/2013. It is unclear whether the patient has previously participated in aquatic therapy. Additionally, the current request for 12 sessions of aquatic therapy exceeds guideline recommendations for a total duration of treatment. Based on the clinical information received, the request is non-certified.

Duragesic 50mcg, QTY: 15.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44; 74-82.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines state Duragesic fentanyl transdermal system is not recommended as a first line therapy. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no change in the patient's physical examination that would indicate functional improvement. Based on the clinical information received, and the California MTUS Guidelines, the request is non-certified.

Topamax 50mg, QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-21.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. Topamax has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. It is considered for use for neuropathic pain when other anticonvulsants have failed. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. The patient's physical examination continues to reveal tenderness to palpation, decreased range of motion, decreased sensation, and atrophy. There is also no indication of a failure to respond to first line anticonvulsant medications prior to the initiation of Topamax. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.