

<b>Case Number:</b>	CM13-0057191		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/25/1996
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, fibromyalgia, mid-back pain, and sciatica reportedly associated with an industrial injury of October 25, 1996. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; adjuvant medications; long and short acting opioids; a TENS (transcutaneous electrical nerve stimulation) unit; and extensive periods of time off of work. In a utilization review report of November 20, 2013, the claims administrator approved a request for Kadian (long-acting Morphine), partially certified a request for Percocet for weaning purposes, and denied a request for 12 sessions of aquatic therapy. It is not clearly stated why Kadian was approved while Percocet was denied. A December 12, 2013 progress note is notable for comments that the applicant reports persistent 6 to 8/10 pain. The applicant states that she is angry. The patient's sitting tolerance has reportedly improved by 90% as a result of medications while her walking tolerance is only improved by 10%. Her lifting tolerance is reportedly unchanged. The patient is not doing any lifting. The applicant is reportedly "permanently disabled." The applicant is also receiving Social Security Disability Insurance (SSDI), it is stated. The applicant's medication list includes Morphine, Celebrex, Neurontin, Remeron, and Percocet. The applicant continues to smoke a pack a day. The applicant has a BMI of 29. TENS unit batteries and supplies are sought. The applicant states that usage of medication helps her to tolerate her pain and improves the patient's ability to sit, stand, walk, and perform household chores. It is then stated that the applicant is currently disabled and that she is nervous about considering an epidural injection. The applicant's gait is not described on this visit. It is stated that the applicant has earlier tried land-based therapy, but found that it was worsening her

pain. The patient is apparently seeking aquatic therapy which she believes is less likely to induce or provoke pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**PERCOCET 10/650 #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduce pain effected as a result of ongoing opioid therapy. In this case, the applicant is off of work and has been deemed permanently disabled. While there is some report that the applicant's ability to sit and stand has been ameliorated as a result of ongoing medication usage, including ongoing opioid usage, this appears to be outweighed by the applicant's failure to return to any form of work and the applicant's difficulty with carrying out basic activities of daily living such as lifting. Thus, on balance, it does not appear that criteria for ongoing usage of Percocet has seemingly been met. The request for Percocet 10/650 mg, 180 count, is not medically necessary or appropriate.

**12 AQUATIC THERAPY SESSION:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 99.

**Decision rationale:** While the Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in those applicants in whom reduced weightbearing is desirable, as, for instance, with extreme obesity, in this case, however, it is not clear that the applicant is in fact extremely obese. Her BMI is 29. While she did have pain with the land-based therapy, on one occasion, it is not clear that the land-based therapy is necessarily contraindicated here. It is not clear whether the applicant cannot perform home exercises. The applicant's gait was not described on the December 2013 office visit referenced above. It is further noted that the Chronic Pain Medical Treatment Guidelines recommends that courses of aquatic therapy stay in line with the 9- to 10-session course recommended in the Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. In this case, the twelve-session course of treatment proposed by the attending provider does not conform to Chronic Pain Medical Treatment Guidelines parameters. The request for twelve aquatic therapy sessions is not medically necessary or appropriate.

