

<b>Case Number:</b>	CM13-0059288		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/30/1995
<b>Decision Date:</b>	04/02/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Orthopedic Surgeon 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 63-year-old male who reported an injury on 05/30/1995. The mechanism of injury was not specifically stated. The patient is currently diagnosed with sciatica and lumbago. The patient was seen by [REDACTED] on 10/25/2013. The patient reported low back pain and bilateral sciatica. Physical examination revealed tenderness to palpation, spasm, guarding, limited range of motion, positive straight leg raising, and decreased strength. Treatment recommendations included aquatic therapy, a lumbar epidural steroid injection, and continuation of medication including Nucynta, Soma, and Theramine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for aquatic therapy times six:** 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 Page(s): 22.

**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 has previously participated in a course

of aquatic therapy. However, there was no documentation of objective measurable improvement following the initial course of aquatic therapy. There is also no indication that this patient requires reduced weight bearing as oppose to land-based physical therapy. Based on the clinical information received, the request is non-certified.

**Decision for Nucynta:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** Official Disability Guidelines state Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use he continued to report persistent pain. There is no indication of intolerable adverse effects with first line opioids prior to the initiation of a second line medication. Based on the clinical information received, the request is non-certified