MAXIMUS Federal Services

Case Number:	CM13-0064722		
Date Assigned:	01/03/2014	Date of Injury:	05/10/2013
Decision Date:	04/21/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/12/2013

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 Internal Medicine & Pulmonary Disease 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 patient is a 36-year-old female who reported an injury on 05/10/2013, after she lifted a heavy box and reportedly sustained an injury to her low back. The patient's treatment history included a home exercise program, acupuncture, and medications. The patient's most recent clinical evaluation noted that the patient had increasing low back pain radiating into the bilateral lower extremities, rated at a 6/10 to 7/10; and was compliant with her home exercise program. Physical findings included an antalgic gait, limited lumbar range of motion with cramping and allodynia with light palpation to the lumbar and sacral regions with active trigger points. It was noted that the patient was not taking any pain medications to assist with pain control. The patient's treatment plan included aquatic therapy and a prescription for Duexis and Skelaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) AQUA THERAPY TREATMENTS: Upheld

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

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

Decision rationale: The requested 12 aqua therapy treatments are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends aquatic therapy for patients who would benefit from a non-weight bearing environment while participating in active therapy. The clinical documentation submitted for review does provide evidence that the patient is currently compliant with a home exercise program. There is no support that the patient requires a non-weight bearing environment to assist with active therapy exercises. As such, the requested 12 aqua therapy treatments are not medically necessary or appropriate.

DUEXIS 800MG/26.6MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) and NSAIDs, GI Symptoms & Cardiovascular Risk Pag.

Decision rationale: The requested Duexis 800 mg/26.6 mg #90 is not medically necessary or appropriate. The requested medication is a nonsteroidal anti-inflammatory drug combined with a gastrointestinal protectant. The California Medical Treatment Utilization Schedule does recommend the use of nonsteroidal anti-inflammatory drugs for pain control. The patient's most recent clinical documentation does support that the patient is not currently taking any medications for pain control. However, California Medical Treatment Utilization Schedule recommends the use of a gastrointestinal protectant for patients who are at risk for developing gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review does not provide and adequate assessment of the patient's gastrointestinal system to support that they are at risk for developing gastrointestinal events related to medication usage. Therefore, this medication would not be supported. As such, the requested Duexis 800 mg/26.6 mg #90 is not medically necessary or appropriate.

SKELAXIN 800MG, #60: Upheld

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

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

Decision rationale: The requested Skelaxin 800 mg #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of muscle relaxants for chronic, moderate to severe pain, and muscle spasming. However, the requested 60 pills exceed the 2 to 3 week recommendation made by the California Medical Treatment Utilization Schedule for appropriate duration of use for muscle relaxants. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested Skelaxin 800 mg #60 is not medically necessary or appropriate