

Case Number:	CM13-0066029		
Date Assigned:	01/03/2014	Date of Injury:	02/13/2001
Decision Date:	09/16/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/15/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 72-year-old male who an injury on 02/13/2001, while at his work place was crossing the street and struck by a vehicle. The injured worker had a diagnosis of right foot drop, sprain/strain to the lumbar region, lumbar radiculopathy, and facet arthropathy at the lumbar region, failed back surgery syndrome. The diagnostics included X-rays and MRI. The past treatments included aqua therapy, physical therapy, occupational therapy, durable medical equipment, epidural steroid injection, chronic pain medication and psychologist. The past surgical history included 4 lumbar surgeries, comminuted femur fracture repair and status post right hip replacement times 20 years. The objective findings of the lumbar spine dated 11/20/2013, revealed forward flexion of 45 degrees, sciatic notch tenderness present. The motor exam revealed antalgia and weakness to the gait with hypolordotic and kyphotic posture. Spasms to the bilateral lumbar region with decreased strength at the right lower extremity with notable atrophy. The sensory exam revealed decreased sensation at the L4, L5 and S1. The medication included methadone 5 mg, aspirin, Avelox 400 mg, prednisone 20 mg, Ambien 10 mg and gabapentin 800 mg, Soma 350 mg, and Hydrocodone/acetaminophen 10/325 mg. The injured worker reported his pain, on good days as 6/10, bad days a 9/10. Duration of the pain is constant using the VAS. The treatment plan included to decrease pain, increase mobility and self-care, increase recreational activities, increase social activities, housework and employment, order urine toxicology screen and continue with conservative treatment to include home exercise program, moist heat and stretch.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) SESSIONS OF AQUATIC THERAPY FOR THE LEFT

KNEE/HIP/LUMBAR: 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 request for eight 8 sessions of Aquatic therapy, for the left knee/ knee/ lumbar is not medically necessary. The California MTUS guidelines recommend aquatic therapy 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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. Upon the clinical notes provided, it was not indicated that the injured worker had a weight bearing issues. The clinical note dated 02/14/2014 did not indicate why the injured worker needed the aqua therapy. Per the treatment plan, the injured worker was to be doing home exercises. As such, the request is not medically necessary.

HYDROCODONE/ACETAMINOPHEN 10/325 MG #60 WITH ONE (1) REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75; 78.

Decision rationale: The request for Hydrocodone/Acetaminophen 10/325 mg # 60 with 1 refill is not medically necessary. The California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. On the physical examination, the injured worker noted some decreased strength; however, no acute distress was noted. Per the clinical note the injured worker has a drug use of marijuana that was not documented as being a prescribed medication. No documentation was evident of the 4 A's including the adverse side and aberrant drug taking behavior. Per the clinical note, the injured worker was continuing with conservative treatment to include the home exercise program; however, no documentation for follow-up was addressed. The request did not address frequency. As such, the request is not medically necessary.

METHADONE HCL 5 MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62.

Decision rationale: The request for methadone HCL 5 mg #180 is not medically necessary. The California MTUS Guidelines recommends methadone as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. It appears, in part, secondary to the long half-life of the drug. Pain relief on the other hand only lasts from 4 to 8 hours. Methadone only be prescribed by providers experienced in using it. The basic rules for prescribing methadone include: weigh the risks and benefits before prescribing methadone, avoid prescribing 40 mg Methadone tablets for chronic nonmalignant pain. This product is only FDA approved for detoxification and maintenance of narcotic addiction. Closely monitor patients who receive methadone, especially during treatment initiation and dose adjustments. The guidelines indicate for detoxification and maintenance of narcotic addiction. The clinical notes do not indicate that the injured worker had detoxification or maintenance of narcotic addiction issues. The request did not indicate the frequency. As such, the request is not medically necessary.

SOMA 350 MG #120 WITH ONE (1) REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 65.

Decision rationale: Decision for Soma 350 mg #120 with 1 refill is not medically necessary. Per the California MTUS Guidelines indicate that carisoprodol (Soma) is not recommended for longer than 2 to 3 weeks. Carisoprodol is metabolized to meprobamate anxiolytic that is a Schedule 5 controlled substance. Carisoprodol is classified as a Schedule 4 drug in several states, but not on a federal level. It has been suggested that its main effect is due to generalized sedation, as treatment of anxiety. This drug was approved for marketing before the FDA required clinical studies to prove safety and efficacy. Withdrawal symptoms may occur with abrupt discontinuation. Per the guidelines, Soma is not recommended for long-term use. As such, the request is not medically necessary.