MAXIMUS Federal Services

Case Number:	CM14-0002206		
Date Assigned:	01/24/2014	Date of Injury:	08/29/1996
Decision Date:	06/06/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/07/2014

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, has a subspecialty in Preventative 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 associated with an industrial injury sustained on August 29, 1996. Thus far, the applicant has been treated with analgesic medications; epidural steroid injection therapy on April 4, 2013; opioid therapy; unspecified amounts of aquatic therapy; and transfer of care to and from various providers in various specialties. A November 27, 2013 progress note was notable for comments that the applicant was doing home exercises despite having swelling of the ankles associated with gout. The applicant was apparently having increased anxiety and depression owing to bereavement following deaths in the family. The applicant was on Lorazepam for anxiety and Percocet for pain. The applicant was not working. Multiple medications were refilled, including Percocet, Ativan, Flexeril, and Desyrel. The applicant is given a diagnosis of chronic low back pain and knee pain. An earlier note of October 28, 2013 was notable for comments that the applicant was using Ativan 1mg twice daily for anxiety. The applicant is also receiving Percocet and Flexeril. The applicant was walking with a cane and had completed 12 sessions of aquatic therapy through that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

WATER THERAPY ADDITIONAL SIX SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines supports aquatic therapy as an alternate form of exercise therapy for applicants in whom reduced weight-bearing is desirable, in this case, the applicant has already had 12 sessions of aquatic therapy in 2013 alone. This is in excess of the 9-10 session course of treatment recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis. There has also been no demonstration of functional improvement which would support further treatment beyond the guideline. The applicant is off of work, and remains highly reliant on multiple analgesics and psychotropic medications, including Percocet, Valium, Flexeril, etc. The applicant continues to use a cane. All of the above, taken together, imply a lack of functional improvement. As such, the request is not medically necessary.

VALIUM 10 MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS-adopted ACOEM guidelines, anxiolytics may be appropriate for brief periods in cases of overwhelming symptoms to afford applicants the ability to recoup emotional or physical resources. In this case, however, there is no mention of any recent episode of overwhelming symptoms which would support provision of Valium, a benzodiazepine anxiolytic. It is further noted that the applicant is also using Lorazepam (Ativan), another benzodiazepine anxiolytic. It is unclear why Valium is being added to the mix. Therefore, the request is not medically necessary as the ACOEM does not support the use of one benzodiazepine on a chronic basis, let alone two benzodiazepines on a chronic, long term, and/or scheduled use basis.

FLEXERIL 7.5 MG, 360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Flexeril to other agents is not recommended. In this case, the applicant is using numerous other analgesic, adjuvant, and psychotropic medications. Adding Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.