

Case Number:	CM14-0005398		
Date Assigned:	02/12/2014	Date of Injury:	06/12/2003
Decision Date:	06/24/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/15/2014

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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 48-year-old male with a reported date of injury on June 12, 2003. The mechanism of injury was not documented within the clinical information provided for review. The injured worker complained of low back and bilateral lower extremity pain. The injured worker rated his pain at 4/10. The injured worker was noted to have undergone an unknown amount of acupuncture. According to the clinical note dated December 19, 2013, the injured worker had negative bilateral straight leg raises, spasms and guarding in lower lumbar spine. Lumbar spine motor strength was recorded as 5/5. According to the clinical note dated January 20, 2014, the injured worker's lumbar range of motion demonstrated extension to 25 degrees, flexion to 50 degrees, and bilateral side bending to 25 degrees. In addition, according to the documentation provided the injured worker attended four aquatic sessions. The injured worker's diagnoses included degenerative lumbar disc disease and lumbago. The injured worker's medication regimen included Protonix, Flexeril, and tramadol. The request for authorization for Pantoprazole 20mg #60, cyclobenzaprine 7.5mg #90, and 12 aquatic therapy sessions was submitted on January 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PANTOPRAZOLE 20 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular risk, Page(s): 68.

Decision rationale: According to the California MTUS Guidelines proton pump inhibitors are recommended for injured workers who are at risk for gastrointestinal events. There was a lack of documentation provided related to gastrointestinal events. The injured worker has been utilizing pantoprazole for an extended length of time. There is a lack of documentation related to the therapeutic benefit, in relation to the long term use of pantoprazole. Therefore, the request for pantoprazole 20mg #60 is not medically necessary.

CYCLOBENZAPRINE 7.5 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN),.

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

Decision rationale: According to the California MTUS Guidelines cyclobenzaprine is recommended as an option for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses of treatment. According to the documentation available for review, the injured worker has been utilizing cyclobenzaprine for an extended period of time. There is a lack of documentation provided for review related to the therapeutic benefit for the injured worker related to the medication. The request exceeds the guideline recommendations. Therefore, the request for cyclobenzaprine 7.5mg, #90, is not medically necessary.

TWELVE AQUATIC THERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22 & 98.

Decision rationale: According to the California MTUS Guidelines, aquatic therapy is recommend as an optional form of exercise therapy, as an alternative to land based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. According to the California MTUS Guidelines, the number of visits recommended is 8 to 10 visits over a 4-week period. According to the documentation provided for review, the injured worker has attended at least 4 sessions of aquatic therapy. There is a lack of documentation regarding a significant increase in functional ability with prior aquatic therapy. In addition, the injured worker had an unknown number of physical

therapy as well as 4 sessions of aquatic therapy. The request exceeds the guideline recommendations. Therefore, the request for 12 aquatic therapy sessions is not medically necessary.