

Case Number:	CM14-0007495		
Date Assigned:	02/10/2014	Date of Injury:	06/14/2004
Decision Date:	07/11/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/21/2014

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 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 55-year-old female who has filed a claim for lumbar degenerative facet and disc disease associated with an industrial injury date of June 14, 2004. Review of progress notes indicates pain in the head, neck, bilateral shoulders, right hip, right leg, and right lower back. Patient also reports feeling depressed and frustrated. Findings include cervical and lumbosacral tenderness, and a slightly antalgic gait. Treatment to date has included opioids, Ambien, physical therapy, aquatic therapy, low back bracing, cervical traction, heat, lumbar epidural steroid injections, sacroiliac joint injections, and lumbar facet injections. Utilization review from January 13, 2014 denied the requests for aqua therapy x 6 months, 2 or more visits a week as there is no documentation supporting the need for reduced weight-bearing; and heat therapy patches as it is unclear as to why specific heat therapy patches versus standard reusable hot/cold packs are necessary. There was modified certification for Norco 5/325mg for #135 as there is no documentation regarding objective measures of improvement and for Ambien CR 12.5mg #30 as there is no documentation of sleep disturbance.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN CR (CONTROLLED RELEASE) 12.5 MF #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Ambien (zolpidem tartrate).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and ODG was used instead. According to ODG, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. There is also concern that they may increase pain and depression over the long-term. Patient has been on this medication since January 2012. Recent progress notes do not document difficulties with sleep. Also, this medication is not recommended for long-term use. Therefore, the request for Ambien CR 12.5mg #90 was not medically necessary.

SELF DIRECTED AQUA THERAPY FOR 6 MONTHS, 2 OR MORE VISITS A WEEK ALLOWED: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY Page(s): 22.

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

Decision rationale: According to page 22 of CA MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. In this case, patient reports that aqua therapy decreased pain, decreased depression, improved sleep, increased range of motion of the back and extremities, increased strength of the back and extremities, and increased functionality. However, there is no documentation regarding the necessity for reduced weight bearing. The requested total quantity is not indicated. Additional information is necessary to support this request at this time. Therefore, the request for self-directed aqua therapy for 6 months, 2 or more visits a week allowed was not medically necessary.

HEAT THERAPY PATCHES (HEAT WRAP) #10 BOXES X 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Cold/heat packs.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation so ODG was used instead. ODG low back chapter states that cold/hot packs are recommended as an option for acute pain. There is no documentation regarding acute pain

episodes in this patient. Also, there is no indication as to the need for heat therapy patches versus reusable hot packs. Therefore, the request for heat therapy patches (heat wrap) #10 boxes x 3 was not medically necessary.

NORCO 5/325 MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 75,78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

Decision rationale: As noted on page 78-82 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since January 2012. Patient reports decreased pain levels with intake of medications. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication, or of periodic urine drug screens to monitor medication use. Therefore, the request for Norco 5/325mg #180 was not medically necessary.