

<b>Case Number:</b>	CM14-0010029		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	10/18/2010
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 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 injured worker is a 31-year-old female who reported an injury on 10/18/2010. The mechanism of injury was not specifically stated. The current diagnosis is reflex sympathetic dystrophy in the lower extremity. The injured worker was evaluated on 02/08/2014 with complaints of lower back pain. Current medications include Ambien 10 mg, Zofran 8 mg, meloxicam 7.5 mg and Percocet 5/325 mg. Physical examination revealed moderate allodynia over the right lower extremity, 2+ deep tendon reflexes and intact sensation. Treatment recommendations included the continuation of current medications and a followup with aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUATIC THERAPY TWO (2) TO THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS:** 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 Page(s): 22.

**Decision rationale:** The California MTUS Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. The injured worker has previously participated in aquatic therapy; however, there was no documentation of objective functional improvement. There was also no indication that this injured worker requires reduced weightbearing as opposed to land-based physical therapy. As such, the request is non-certified.

**ZOLPIDEM TARTRATE 10 MG TABS ONE HALF (1/2) TO ONE (1) AT NIGHT:**

Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) CHRONIC PAIN CHAPTER, INSOMNIA TREATMENT.

**Decision rationale:** The California MTUS Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. The injured worker has previously participated in aquatic therapy; however, there was no documentation of objective functional improvement. There was also no indication that this injured worker requires reduced weightbearing as opposed to land-based physical therapy. As such, the request is non-certified.

**MELOXICAM 7.5 MG TABS ONE (1) TAB BY MOUTH TWICE DAILY AS NEEDED:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** The California MTUS Guidelines state that NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second-line option after acetaminophen. The injured worker has utilized this medication since 08/2013. There was no evidence of objective functional improvement. There was also no quantity listed in the current request. As such, the request is non-certified.

**PERCOCET 5-325 MG TABS ONE (1) TAB BY MOUTH EVERY DAY P.R.N PAIN:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. The injured worker has utilized this medication since 08/2013 without any evidence of objective functional improvement. There was also no quantity listed in the current request. As such, the request is non-certified.

**ONDANSETRON HCL 8MG HALF (1/2) TO ONE (1) TAB TWO TIMES A DAY AS NEEDED FOR NAUSEA:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) CHRONIC PAIN CHAPTER, ONDANSETRON, ANTIEMETIC.

**Decision rationale:** The Official Disability Guidelines state that Zofran is not recommended for nausea and vomiting secondary to chronic opioid use. It has been FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. Therefore, the injured worker does not meet the criteria for the requested medication. There is also no quantity listed in the current request. As such, the request is non-certified.