

Case Number:	CM14-0015499		
Date Assigned:	02/28/2014	Date of Injury:	08/13/2006
Decision Date:	06/30/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/06/2014

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 Internal 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 injured worker is a 59 year old female injured on August 13, 2006 due to an undisclosed mechanism of injury. Current diagnoses include post-traumatic headaches with cognitive dysfunction, cervical and lumbosacral radiculopathy, left shoulder injury, chronic myofascial pain syndrome of the cervical thoracolumbar spine, and gastritis secondary to NSAIDs. The clinical note dated January 17, 2014 indicates the injured worker presented complaining of aggravation of headaches which are now occurring every day and are not relieved by current medication regimen. The injured worker reports the headaches are moderate to severe in nature with frequent pain and numbness in the bilateral hands due to bilateral carpal tunnel syndrome as well as frequent upper and lower back pain rated at 6/10. The injured worker reports current pain and discomfort is moderately impacting her general activity and enjoyment of life and her ability to concentrate and interact with other people. She is also reporting depression rated at 6/10. Physical assessment reveals decreased cervical range of motion in all planes, multiple myofascial trigger points and muscle spasms throughout the cervical paraspinal musculature, decreased range of motion in the left shoulder, sensation to fine touch and pin prick decreased in the lateral aspect of the left calf, posterior aspect of the left thigh, as well as the dorsum of the left foot, sensation to fine touch and pin prick decreased in the 4th and 5th digits of the left hand, left ankle jerk hypoactive, unable to heel toe walk with the left leg, ambulating with a cane, dorsa flexion was 4/5 in the left foot, plantar flexion was 4/5 in the left foot. The injured worker received bilateral occipital nerve blocks during the office visit. The injured worker was prescribed Anaprox DS 550mg Q 8 hours, Prilosec 20mg BID, and Remeron 30mg QHS. The request for aquatic therapy exercises on a daily basis recommended and requested to be performed at a gym or [REDACTED]. The initial request for Anaprox 550mg #120 and unknown

aquatic therapy sessions to be performed at a gym or ██████ was initially non-certified on January 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF ANAPROX 550MG, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES- NSAID's, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the patient is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. The request is not medically necessary.

UNKNOWN AQUATIC THERAPY SESSIONS TO BE PREFORMED AT A GYM OR ██████: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN- AQUA THERAPY, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 Page(s): 22.

Decision rationale: Aquatic therapy is recommended 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. There is no indication in the documentation that the patient is severely obese or is in the acute post-operative phase of a lower extremity rehabilitation necessitating aquatic therapy. The request is not medically necessary.