

Case Number:	CM14-0118033		
Date Assigned:	08/06/2014	Date of Injury:	01/11/2006
Decision Date:	09/10/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/28/2014

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 44-year-old female who reported an injury in 10/2008. The mechanism of injury was not provided. On 02/25/2014, the injured worker presented with low back pain and intermittent pain and numbness in the bilateral lower extremities. The diagnoses were chronic myofascial pain syndrome in the thoracic lumbar spine and bilateral L5 and right S1 radiculopathy. Upon examination of the thoracic spine, there was slightly restricted range of motion in all planes and range of motion was slightly to moderately restricted in all planes in the lumbar spine. There were multiple myofascial trigger points and taught bands noted throughout the thoracic and lumbar paraspinal musculature and gluteal muscles. There was decreased sensation to pinprick in the posterior aspect of the right thigh and calf and in the dorsum and plantar surfaces of the right foot. There was decreased dorsiflexion at -5/5 in the right foot and ankle jerks were absent bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocone/APAP 10/325mg 1 tablets PO Q8hr, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78..

Decision rationale: The California MTUS Guidelines recommend opioids for chronic pain. There should be documentation of an objective improvement in function, and objective decrease in pain, evidence that the injured worker is being monitored for aberrant drug behavior, and side effects. The cumulative dosing of all opioids should not exceed 120 mL of oral morphine equivalents per day. There is a lack of documentation of improved function, decreased pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. Additionally, documentation submitted for review provides evidence that the injured worker has been on this medication for an extended duration of time and the efficacy of the medication was not provided. As such, the request is not medically necessary.

Use Of Drug Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43..

Decision rationale: The request for a urine drug screen is not medically necessary. The California MTUS indicates that the use of a urine drug screen is for injured workers with documented issues of abuse, addiction, or poor pain control. There was lack of evidence that the injured worker had documented issues of abuse, addiction, or poor pain control. As such, the request is not medically necessary.

Aquatic Therapy Exercise 2x6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: The request for Aquatic Therapy Exercise 2x6 weeks is not medically necessary. The California MTUS recommends as an optional form of exercise therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. There is a lack of documentation that the injured worker is recommended for reduced weight bearing exercises. Additionally, the efficacy of prior aquatic therapy treatments were not provided. The provider's request does not indicate the site that the aquatic therapy was indicated for in the request as submitted. As such, the request is not medically necessary.

Deep Breathing type medication as a relaxation technique: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

Decision rationale: The request for Deep Breathing type medication as a relaxation technique is not medically necessary. The California MTUS/ACOEM Guidelines state that the goal of relaxation technique is to involuntarily change, his or her physiologic and cognitive functions and response to stressors. Using these techniques can be preventative or helpful for injured workers in chronically stressful conditions. The use of these techniques may not be suitable for acute stress. There is a lack of documentation indicating the injured worker has specific physiologic responses to stress that would warrant the need for relaxation techniques. As such, the request is not medically necessary.