

Case Number:	CM14-0123492		
Date Assigned:	08/08/2014	Date of Injury:	06/01/2009
Decision Date:	09/25/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/05/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 64-year-old female with an injury date of 06/01/2009. On 07/16/2014, the patient complains of having intermittent pain which she rates as 5 out of 10. She has cramping in both hands and numbness in the 4th and 5th digits of her left hand. She has weaker gripping and grasping and her left hand is worse than her right hand. On 02/13/2014 progress report, the patient also complains of lower back pain which she rates as 5 out of 10. She manages to do her chores in short intervals and has difficulty doing self-care due to chronic lower back pain. The patient has problems sleeping due to her pain and admits to depression as a result of her injury. The patient's diagnoses include the following: bilateral carpal tunnel release with persistent symptomatology and some slight weakness in her grip strength and axial low back pain due to chronic lumbar strain with a possible underlying L4-L5 bilateral facet joint effusion and arthropathy. The utilization review determination being challenged is dated 07/28/2014. Treatment reports were provided from 01/14/2014 - 08/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Therapy, twelve (12) 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 aquatic therapy, Physical Medicine Page(s): 22, 98, 99.

Decision rationale: On 07/16/2014, the patient complains of having intermittent pain and cramping in both her hands and numbness in her 4th and 5th digits of the left hand. The 02/13/2014 report states that the patient has lower back pain which she rates as 5 out of 10. Report states the reason for the pool therapy is to improve range of motion and increase muscle strength, which antigravity is needed for. The patient is also overweight. MTUS states that 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 effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. In this case, the patient is documented to be overweight and the treating physician is requesting for pool therapy for the patient to improve her range of motion. However, the current request of 12 sessions of pool therapy exceeds what MTUS allows. The request is not medically necessary.

Tramadol ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain ; CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89.

Decision rationale: Based on the 02/13/2014 progress report, the patient complains of having constant lower back pain which she rates as 5 out of 10 and of having numbness and tingling in her left 3rd, 4th, and 5th digits of the left hand. The patient has been taking tramadol as early as 01/14/2014. The only discussion provided as to how tramadol affects the patient is stated on the 07/16/2014 report which indicates that using tramadol ER for pain helps to decrease her pain level, which is daily at 5 out of 10. MTUS Guidelines states, pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS also requires documentation of the 4 A's: analgesia, ADLs, adverse side effects, and adverse behavior, as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician does not provide any discussion toward the patient's activities of daily living, adverse side effects, and adverse behavior. Request is not medically necessary.

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain ; Anti-inflammatory medications Page(s): 60, 61, 22.

Decision rationale: Based on the 02/13/2014 progress report, the patient complains of intermittent back pain which she rates as 5 out of 10 and of cramping in both hands and numbness in her 4th and 5th digits of the left hand. The patient has been taking naproxen as early as 01/14/2014 for her anti-inflammation. MTUS Guidelines support the use of NSAIDs for chronic lower back pain. Using medication for chronic pain, MTUS Guidelines also requires documentation of pain assessment and function as related to the medication use. In this case, there was no documentation mentioning what naproxen has done for the patient's pain and function. Request is not medically necessary.

Protonix 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Recommended for patients at risk for gastrointestinal events. See NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Based on the 02/13/2014 progress report, the patient complains of having lower back pain which she rates as 5 out of 10 and of having cramping in both hands and numbness in the 4th and 5th digits of the left hand. MTUS supports the usage of proton pump inhibitors (PPIs) for gastric side effects due to NSAID use. ODG also states that PPIs are recommended for patients at risk of gastrointestinal events. The treating physician does not document any gastrointestinal symptoms. MTUS does not allow prophylactic use of PPIs without documentation of GI risk factors. Given the lack of any discussion regarding GI risks factors or GI symptoms, request is not medically necessary.