

<b>Case Number:</b>	CM14-0124402		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	03/08/2002
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of March 8, 2002. A utilization review determination dated July 11, 2014 recommends no certification of water based physical therapy, fish oil, and gabadone. A progress report dated July 31, 2014 identifies subjective complaints of low back and bilateral leg pain. The note indicates that the patient uses to Norco per day but needs a 3rd. The patient's pain score right now is 4/10 and without pain medication, the patient's pain score is 9/10. Objective examination findings identify urine drug screen results from June 19, 2014. Diagnoses included lumbar radiculopathy, myofascial syndrome, lumbar herniated disc, chronic pain syndrome, cervical sprain and strain, tension headaches, and chronic pain related insomnia. The treatment plan recommends continuing Norco, continue fish oil "for anti-inflammatory effect," gabardine "for insomnia," Theramine, Medrol dose pack, and water-based physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective Request: for Water Based Physical TherapyQuantity: 6: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298,Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective

July 18, 2009) Page(s): 22,98-99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for Water Based Physical Therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Furthermore, there is no indication as to how many physical therapy sessions the patient has undergone and what specific objective functional improvement has been obtained with the therapy sessions already provided. Finally, there is no statement indicating whether the patient is performing a home exercise program on a regular basis, and whether or not that home exercise program has been modified if it has been determined to be ineffective. In the absence of clarity regarding those issues, the currently requested Water Based Physical Therapy are not medically necessary.

**Prospective Request: for Prescription of Fish Oil 2000mg #60Quantity: 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Medical Food.

**Decision rationale:** Regarding the request for fish oil, Chronic Pain Medical Treatment Guidelines state that fish oil is not recommended for chronic pain. Within the documentation available for review, the requesting physician has not included any peer-reviewed scientific literature supporting the use of fish oil in the treatment of any of this patient's diagnoses. In the absence of such documentation, the currently requested fish oil is not medically necessary.

**Prospective Request: for Gabadone #60Quantity: 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES,PAIN (ACUTE & CHRONIC)MEDICAL FOOD.

**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, Medical Food.

**Decision rationale:** Regarding the request for GABAdone, a search of the Internet indicates that GABAdone is a medical food. California MTUS and ACOEM guidelines do not contain criteria for the use of medical foods. ODG states that medical foods are recommended for the dietary

management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. Within the documentation available for review, the requesting physician has not indicated that this patient has any specific nutritional deficits. Additionally, there are no diagnoses, conditions, or medical disorders for which distinctive nutritional requirements are present. In the absence of such documentation, the currently requested GABAdone is not medically necessary.