

<b>Case Number:</b>	CM14-0152016		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	10/05/2011
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Texas and Ohio. 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 58-year-old female who reported an injury on 10/05/2011. The mechanism of injury was not provided. The injured worker's diagnoses included cervicogenic type chronic headaches, chronic myofascial pain syndrome, mild left L4-5 radiculopathy, carpal tunnel syndrome, and left ulnar nerve entrapment at the left elbow with left medial epicondylitis. The injured worker's past treatments included home muscle stretching exercises, trigger point injections, and medications. The injured worker's diagnostic testing included urine drug testing. The injured worker's surgical history included surgery for left carpal tunnel syndrome. On 05/09/2014, the injured worker reported that she had been getting appreciable pain relief with her current medications in terms of her frequent neck, upper and lower back pain, which varied from 5/10 to 7/10 on a pain scale without medications. She reported her current pain and discomfort as moderately affecting her general activity and enjoyment of life, as well as her ability to concentrate and interact with other people. Upon physical examination, the injured worker was noted to have slightly restricted range of motion in the cervical spine in all ranges, while the ranges of motion in the lumbar spine were slightly too moderately restricted in all planes. Sensation to light touch and pinprick was decreased in the lateral and posterior aspects of the left thigh. Grip strength was diminished in the left hand at 4/5. The injured worker's current medications were not included, but on the date of examination, she was dispensed Naproxen 550 Mg, Omeprazole 20 Mg, and Hydrocodone/APAP 10/325 mg. The request was for Hydrocodone/APAP 10/325 mg #120 and Aquatic Therapy 2 times six, neck, Upper Extremities. The rationales for the requests were not provided. The Request for Authorization was signed and submitted on 05/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone / APAP 10/325 mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The request for Hydrocodone / APAP 10/325 mg #120 is not medically necessary. The California MTUS Guidelines may recommend the ongoing use of opioids for patients, with ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include a quantified current pain, the least reported pain over the period since the last assessment, intensity of pain after taking the opioid and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The injured worker rated her pain a 5/10 to 7/10 on a pain scale without medications. She felt her current pain and discomfort was moderately affecting her general activity and her enjoyment of life, as well as her ability to concentrate and interact with other people. There was no documentation with evidence of significant objective functional improvement to demonstrate the efficacy of the medication for the injured worker. In the absence of documentation with evidence of an increase in independent activities of daily living and a thorough pain assessment that includes a quantified current pain, the least reported pain over the period since the last assessment, intensity of pain after taking the opioid and how long pain relief lasts, the request is not supported. Additionally, as the request is written, there is no frequency provided. Therefore, the request is not medically necessary.

**Aquatic therapy 2x6 Neck, Upper Extremities: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 98-99 22.

**Decision rationale:** The request for Aquatic Therapy 2x6 neck, Upper Extremities is not medically necessary. The California MTUS Guidelines may recommend aquatic therapy as an optional form of exercise therapy as an alternative to land based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable (for example, extreme obesity). It may be recommended for up to 10 visits over 4 weeks. The injured worker was noted with slightly restricted range of motion to the cervical spine, while the ranges of motion of the lumbar spine were slightly too moderately restricted in all planes. The documentation did not provide evidence to indicate that the injured

worker has tried any physical therapy. In the absence of documentation to sufficiently address the efficacy of previous conservative treatment and documented evidence of significant objective functional limitations, the request is not supported. Therefore, the request is not medically necessary.