

Case Number:	CM14-0155772		
Date Assigned:	09/24/2014	Date of Injury:	12/15/1998
Decision Date:	10/24/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/19/2014

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 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 56-year-old female with date of injury of 12/15/1998. The listed diagnoses per [REDACTED] from 08/14/2014 are: 1. Chronic pain syndrome. 2. Displacement of the lumbar intervertebral disk without myelopathy. 3. Sciatica. 4. Lumbago. According to this report, the patient is doing fairly well. She states that her Butrans patch has been working okay for the pain but reports itching. The patient reports that she is having a lot of pain in the lateral left hip and down into the buttock. She is limited in walking and biking due to the pain but would like to get into a pool. The patient's weight is 138.8 pounds and is 64 inches tall. The objective findings show the patient appears to be in moderate pain. She ambulates with an antalgic gait, and positive lumbar, sacrum, and coccyx tenderness to palpation, with lumbar muscle spasms. There is a mild limp in her gait causing a mild catching in her hip. Decrease sensation to the bilateral feet at the lateral aspects. Straight leg raise is significantly positive on the left at 30 degrees. She is currently on modified duty but it is not known whether or not the patient is working. The utilization review denied the request on 09/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management; Opioids, long-term assessment Page(s): 78; 88 and 89.

Decision rationale: This patient presents with lateral left hip pain radiating into the buttock. The treater is requesting Norco 10/325mg, quantity #120. For chronic opiate use, the MTUS Guidelines page 88 and 89 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 page 78 also require a documentation of the 4 A's including analgesia, ADLs (activities of daily living), adverse side effects, and aberrant drug-seeking 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 medications to work, and duration of pain relief. The patient was prescribed Norco on 03/25/2014. However, prior medication history was not made available. The 05/14/2014 report notes that the patient's pain level without medication is 8/10 and with medication, 5/10. She reports no adverse reactions. The patient states that her medications have provided functional improvement by allowing her to garden, to walk further than 1 block, and sit for longer than 30 minutes. The UDS (urine drug screen) from 05/14/2014, 05/16/2014, and 07/17/2014 all show consistent results with the prescribed medications. While the treater does not discuss outcome measures, the information documented is adequate to warrant the continued use of Norco. Recommendation is for authorization.

Aquatic therapy 2 times a week for 4 weeks: 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: This patient presents with lateral left hip pain radiating into the buttock. The treater is requesting aquatic therapy 2 times a week for 4 weeks. The MTUS Guidelines page 22 recommends aqua therapy as an option for land-based physical therapy in patients that can benefit from decreased weight-bearing such as extreme obesity. For the number of treatments, MTUS physical medicine section states that 8 to 10 sessions of physical therapy is indicated for various myalgias and neuralgias. The records do not show any aqua therapy reports to verify how many treatments the patient has received and with what results. The utilization review denied the request stating, "There is no indication that the claimant is experiencing a significant flare-up or change in functional status to warrant a return to skilled services. Furthermore, there is limited evidence that the claimant cannot tolerate land-based therapy." The patient does not appear to be obese or postoperative. The 08/14/2014 report notes that the patient is doing "fairly well". The patient's injury is from 1998, and the patient has had prior physical therapy. While the patient reports limited walking and biking due to pain, the patient does not present with weight bearing issues. Recommendation is for denial.