

<b>Case Number:</b>	CM14-0158410		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	01/04/2005
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 50 year old female who sustained an industrial injury on 01/04/05. The mechanism of injury was slipping and falling on her right side with popping sensation in her left knee. She had a prior history of knee surgery in 2004 for a torn ACL. She had a revision knee surgery in 2006, 2008 and 2009. In addition she also had cervical pain radiating to right upper extremity with positive Spurling's test for which she had cervical ESI in 2005 and C5-6, C6-7 fusion in 2010. An MRI of the right shoulder in 2012 showed possible impingement, mild inferior displacement of the acromion, tendonitis of distal supraspinatus tendon, subacromial, subdeltoid fluid collection and thickening of anterior joint capsule. MRI of the lumbar spine in 2012 showed facet joint hypertrophy at L4-5 and L5-S1. EDS in 2012 revealed mild right carpal tunnel syndrome, borderline right cubital tunnel syndrome and mild chronic cervical radiculopathy at C5 and C6 as well as bilateral mild chronic L5 radiculopathy. She also had hip arthroscopy in 2008 on right side. Her diagnoses included major depression, degeneration of cervical intervertebral disc, cervical post laminectomy syndrome, disorder of shoulder bursa, enthesopathy of hip region, chronic pain syndrome and odl medial collateral ligament disruption. Her urine toxicology screen was consistent with a prescription of Oxycontin and Morphine on July 11, 2014. The visit note from 09/12/14 was reviewed. Subjective complaints included bilateral neck pain radiating to right shoulder, low back pain at 7/10 intensity, radiating to right lower extremity with tingling, right shoulder pain and dental issues. She reported improvement of right hip pain with injection. She was taking Morphine six times a day which was helping with pain. She continued Oxycontin four times a day. Pain reduction was 30% with the pain medications. She was able to do HEP and ADLs. Her medications included Baclofen, Prevident, Celebrex, Flexeril, Oxycontin 20mg QID, MSIR 15mg six times a day, Miralax, Rozerem,

Ranitidine and Nexium. The plan of care included aquatherapy for global deconditioning of patient as it had helped her in the past for strengthening and pain reduction.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Aquatic therapy for the lower back and right hip, QTY: 6 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 Guidelines Aquatic therapy Page(s): 22.

**Decision rationale:** The employee was being treated for cervical spine disease, lumbar pain, shoulder pain, knee pain and hip pain. Her prior treatment included multiple surgeries, cortisone injections and oral medications. She was on Morphine IR 15mg six times a day and Oxycontin 20mg four times a day. Her last UDS from July 2014 was consistent with her prescription intake of MSIR and Oxycontin. The request was for Aquatic therapy 6 sessions, Oxycontin 20mg #120 and Morphine IR 15mg #180. According to MTUS guidelines, aquatic therapy is recommended as an optional form of exercise therapy and as an alternative to land based physical therapy where reduced weight bearing is desirable as in extreme obesity. The employee had multiple joint pain with a BMI of around 32. There is no indication that the employee had failed trials of land based physical therapy or had extreme obesity. Hence the request for Aquatic Therapy for Hip and Lower Back #6 sessions is not medically necessary and appropriate.

**Oxycontin 20 mg, QTY: 120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines Opioids, ongoing management, Dosing, Page(s): 78 86.

**Decision rationale:** The employee was being treated for cervical spine disease, lumbar pain, shoulder pain, knee pain and hip pain. Her prior treatment included multiple surgeries, cortisone injections and oral medications. She was on Morphine IR 15mg six times a day and Oxycontin 20mg four times a day. Her last UDS from July 2014 was consistent with her prescription intake of MSIR and Oxycontin. The request was for Aquatic therapy 6 sessions, Oxycontin 20mg #120 and Morphine IR 15mg #180. According to MTUS Chronic Pain Guidelines four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. In addition, MTUS recommends that dosing of opioids should not exceed 120mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The employee was being treated for multiple joint pain with Oxycontin 20mg four times a day and MSIR 15mg

six times a day. There was minimal improvement of pain to about 30% compared to baseline. The medications were helping her do her ADLs. There were no other functional improvements documented. It was not clear whether she was working or doing HEP. In addition, the dosing was much more than the recommended 120mg MEDs with Oxycontin accounting to about 120 MEDs and MS IR accounting to 90 MEDs per day, which is well above the recommended maximum of 120MEDs. Given the lack of notable functional improvement and the dosing that is much higher than the recommended dosing, the criteria for continued use of Oxycontin 20mg #120 and Morphine Sulphate IR 15mg #180 is not medically necessary and appropriate.

**Morphine 15 mg, QTY: 180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management and dosing Page(s): 78, 86.

**Decision rationale:** The employee was being treated for cervical spine disease, lumbar pain, shoulder pain, knee pain and hip pain. Her prior treatment included multiple surgeries, cortisone injections and oral medications. She was on Morphine IR 15mg six times a day and Oxycontin 20mg four times a day. Her last UDS from July 2014 was consistent with her prescription intake of MSIR and Oxycontin. The request was for Aquatic therapy 6 sessions, Oxycontin 20mg #120 and Morphine IR 15mg #180. According to MTUS Chronic Pain Guidelines four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. In addition, MTUS recommends that dosing of opioids should not exceed 120mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The employee was being treated for multiple joint pain with Oxycontin 20mg four times a day and MSIR 15mg six times a day. There was minimal improvement of pain to about 30% compared to baseline. The medications were helping her do her ADLs. There were no other functional improvements documented. It was not clear whether she was working or doing HEP. In addition, the dosing was much more than the recommended 120mg MEDs with Oxycontin accounting to about 120 MEDs and MS IR accounting to 90 MEDs per day, which is well above the recommended maximum of 120MEDs. Given the lack of notable functional improvement and the dosing that is much higher than the recommended dosing, the criteria for continued use of Oxycontin 20mg #120 and Morphine Sulphate IR 15mg #180 is not medically necessary and appropriate.