

Case Number:	CM14-0159776		
Date Assigned:	10/03/2014	Date of Injury:	09/05/2012
Decision Date:	10/30/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/29/2014

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 Occupational 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 injured worker is a 46-year-old male with a date of injury of September 5, 2012. It was indicated that he was walking down some stairs at his work facility when he had wet footing, slipped and fell which making him hit his lower back, right hip and head. He was diagnosed with (a) lumbar disc herniation, (b) encounter for long-term use of other medications, (c) lumbar radiculitis and (d) adjustment disorder with mixed anxiety and depressed mood. In the most recent progress report dated September 30, 201 he complained of severe pain in his lower back which radiated in to his right lower limb. He rated his pain to be at 10 out of 10 on the pain scale without his medications. He was concerned with his dragging foot and was only taking ibuprofen for the pain. There were also complaints of unbearable migraine headaches and that he felt his condition was worsening. Physical examination revealed that he was morbidly obese and appeared to be in mild distress, depressed and fatigued. He mowed in slowly in guarded fashion and he ambulated with a distorted gait and with the aid of a cane. Objective findings to the thoracic spine include tenderness over the right T12 paraspinals as well as limited range of motion. Objective findings to the lumbar spine included tenderness with muscle spasm and tight muscle bands over the right side and tenderness on the left side, spinous tenderness over the L5, limited range of motion in all planes, positive lumbar facet loading bilaterally and straight leg raising test which was positive on the right. Neurologically, sensation was absent to the L4 dermatome and was patchy in L5, weakness was noted in the right lower limb and patellar reflex was at 1/3 on the right side. Authorization for an updated magnetic resonance imaging scan of the lumbar spine and aquatic therapy was requested. This is a review of the requested aquatic therapy, Zanaflex and Oxycontin for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy twice a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Page(s): 22.

Decision rationale: Based on the medical records, it can be noted that the injured worker's condition is in the chronic term. The Chronic Pain Medical Treatment Guidelines indicate that aquatic therapy is recommended as an optional form of exercise therapy, where available, 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. Based from the medical records submitted, the injured worker has not yet been provided with a recent full course of land-base physical therapy for his low back complaints. Additionally, there was no indication why the injured worker could not participate in a land-based physical therapy program except for the fact that he was mildly obese. There were no significant functional deficits indicated in the submitted medical reports to warrant the need for any water-based therapy. Therefore, it can be concluded that the medical necessity of aqua therapy 2 times a week for 4 weeks for the lumbar spine is not medically necessary.

Zanaflex 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Page(s): 63-64.

Decision rationale: As per Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended for short-term treatment only. Based on the medical records submitted for review, it was determined that the injured worker has been taking muscle relaxants since after the injury and continued to receive prescription refills until the present. With this, prolonged use of Zanaflex, which is a muscle relaxant has been noted, which has gone beyond the recommendation of the guidelines. More so, based on the medical records submitted for review, although the objective findings for presence of muscle spasms and tight muscle bands were positive these can be managed conservatively without the need for medications. Hence, the medical necessity of the inclusion of Zanaflex 4mg in the injured worker's pharmacological regimen is not established. Therefore, the request is not medically necessary.

Oxycontin 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78-80, 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Oxycontin is an opioid medication. The documentation does not provide any information indicating any improvement in pain levels, increase in functional activities with prior and continued use of Oxycontin since June 27, 2013. There is also nothing in the medical records which indicate that the continued utilization of this medication has improved his quality of his life as he continued to be out of work and was having a difficult time coping with his current orthopedic continued. Based on these findings, the requested Oxycontin 10 milligrams #60 is not medically necessary.