

<b>Case Number:</b>	CM14-0174556		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	08/11/1997
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 11, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar fusion surgery; earlier lumbar spine surgery; transfer of care to and from various providers in various specialties; and sleep aids. In a utilization review report dated October 2, 2014, the claims administrator partially approved a request for 12 sessions of aquatic therapy as 6 sessions of the same, partially approved a request for Ultram #60 with two refills as Ultram #60 with no refills, denied Ambien, and denied Celebrex. The applicant's attorney subsequently appealed. In a September 11, 2014 progress note, the applicant reported ongoing complaints of knee pain status post earlier total knee arthroplasty. The applicant reported ancillary complaints of low back pain. The applicant was asked to continue Neurontin. The applicant's work status was not clearly stated. The note was very difficult to follow but did suggest that the applicant was "able to ambulate." In a June 5, 2014, progress note, the applicant reported ongoing complaints of low back, neck, and right thumb pain. The applicant was given refills of Ultram, Ambien, and Celebrex. The medications were refilled without any explicit discussion of medication efficacy. The applicant's work status was not provided. The applicant's gait was not clearly described or characterized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy 12 sessions lumbar spine: 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 Topic, Physical Medicine Topic Page(s): 22, 99.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weightbearing is desirable, in this case, however, the attending provider did not clearly outline why, how, and/or if reduced weightbearing was desirable here. The admittedly limited information on file suggests that the applicant was able to ambulate appropriately without any seeming difficulty, impediment, and/or impairment, despite having ongoing issues with chronic low back and knee pain. It is further noted that the 12-session course of aquatic therapy proposed, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. Therefore, the request is not medically necessary.

**Ultram 50 MG #60 2 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off work. The attending provider has failed to outline the applicant's work status on several recent office visits, referenced above, suggesting that the applicant is not working. The attending provider has likewise failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Ultram usage. Therefore, the request is not medically necessary.

**Ambien 10 MG #30 2 Refills:**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Insomnia Treatment

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Section Page(s): 7-8. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA), Ambien Medication Guide

**Decision rationale:** While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA), however, notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. The 30-tablet, two-refill supply proposed here, by implication, runs counter to the FDA label. The attending provider has failed to furnish any compelling applicant-specific rationale or medical evidence which would support long-term usage of Ambien here. Therefore, the request is not medically necessary.

**Celebrex 200 MG #30 2 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Topic Page(s): 22.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Cox-2 inhibitors such as Celebrex are recommended in applicants who have a history of gastrointestinal (GI) complications, in this case, however, there is no clearly stated history of GI complications such as prior peptic ulcer disease or prior GI bleeding which would compel provision of Celebrex, a Cox-2 inhibitor, over non-steroidal anti-inflammatories such as Motrin or Naprosyn. Therefore, the request is not medically necessary.