

Case Number:	CM14-0025690		
Date Assigned:	06/20/2014	Date of Injury:	09/13/1994
Decision Date:	07/17/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/28/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 65-year-old female with a reported injury on 09/13/1994. The mechanism of injury was not provided within clinical notes. The clinical note dated 03/04/2014 reported that the injured worker complained of continued pain in her lumbar spine, bilateral knees, and right hip. The physical examination revealed decreased range of motion to the injured worker's lumbar spine. There was tenderness to palpation along the lumbar paraspinal musculature. It was reported that the injured worker had a positive straight leg raise test. The injured worker's prescribed medication list included Norco, Zanaflex, Ranitidine, Motrin, and Lyrica. The injured worker's diagnoses included lumbar disc herniation with radiculitis - radiculopathy; status post total knee arthroplasty, capsulitis; internal derangement, right knee; fibromyalgia; anxiety and depression; and insomnia. The provider requested for aquatherapy twice a week for the next 6 weeks focusing on lumbar spine, right hip, bilateral knees, and left shoulder. The treating physician also requested Norco for the treatment of pain, Zanaflex as a muscle relaxant and ranitidine, the rationale was not provided. The Request for Authorization was submitted on 02/27/2014. The injured worker's prior treatments included aquatherapy, the injured worker verbalized it was beneficial. The date and amount of previous aquatherapy sessions was not provided within the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATHERAPY; 12 SESSIONS (2X6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY Page(s): 22.

Decision rationale: The request for aquatherapy 12 sessions 2 times 6 is not medically necessary. The injured worker complained of continued pain in her lumbar spine, bilateral knees, and right hip. The requesting provider's rationale for aquatherapy was to focus on lumbar spine, right hip, bilateral knees, and left shoulder. The California MTUS guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. Within the provided documentation, an adequate and complete assessment for the injured worker's functional condition was not provided; there was a lack of documentation indicating the injured worker has significant functional deficits. Moreover, given the information provided there is insufficient evidence to determine the appropriateness of continued aquatherapy. More over, there is a lack of clinical notes documenting the injured worker's progression and improvement with aquatherapy. As such, the request is not medically necessary.

RANITIDINE REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 69.

Decision rationale: The request for ranitidine refill is not medically necessary. The injured worker complained of lumbar spine, bilateral knees, and right hip pain. The treating physician's rationale for ranitidine was not provided within clinical notes. Ranitidine is classified as a H2-receptor antagonist. The California MTUS guidelines recommend consideration of a H2-receptor antagonists for the treatment of dyspepsia secondary to NSAID therapy. There is a lack of clinical documentation indicating the injured worker has a diagnosis of dyspepsia secondary to NSAID therapy. Moreover, there is a lack of clinical information provided indicating the injured worker has gastritis. There is a lack of documentation of NSAID side effects reported by the injured worker that would warrant the use of an H2-receptor antagonist. The injured worker also fails to fit the criteria of any significant risk for gastrointestinal bleeding or perforation. Therefore, the request is not medically necessary.

NORCO: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, SPECIFIC DRUG LIST; OPIOIDS, CRITERIA FOR USE Page(s): 91; 78.

Decision rationale: The request for Norco is not medically necessary. The injured worker complained of continued pain in her lumbar spine, bilateral knees, and right hip. The treating physician's rationale for Norco is for pain. The California MTUS guidelines state that Norco is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that 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 (or non-adherent) drug-related behaviors. There is a lack of clinical information provided documenting the efficacy of Norco as evidenced by decreased pain and significant objective functional improvements. Moreover, there is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. Furthermore, the requesting provider did not specify the utilization frequency, dose or quantity of the medication being requested. As such, the request is not medically necessary.

ZANAFLEX: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TIZANIDINE (ZANAFLEX) Page(s): 66.

Decision rationale: The request for Zanaflex is not medically necessary. The injured worker complained of continued pain in her lumbar spine, bilateral knees and right hip. The treating physician's rationale for Zanaflex was to be taken as a muscle relaxant. The California MTUS guidelines recognize Zanaflex as a centrally acting alpha2-adrenergic agonist muscle relaxant that is FDA approved for management of spasticity; unlabeled use for low back pain. There is a lack of clinical information provided documenting the efficacy of Zanaflex as evidenced by decreased muscle spasms and significant objective functional improvements. Furthermore, the requesting provider did not specify the utilization frequency, dose, or quantity of the medication being requested. As such, the request is not medically necessary.