

Case Number:	CM14-0026536		
Date Assigned:	07/02/2014	Date of Injury:	05/26/1991
Decision Date:	08/15/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/03/2014

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 bilateral knee, low back, and neck pain reportedly associated with cumulative trauma at work between dates of September 1, 1976 through May 26, 1991. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; muscles relaxants; psychotropic medications; viscosupplementation injections; unspecified amounts of physical therapy; earlier lumbar spine surgery; and apparent imposition of permanent work restrictions. In a utilization review report dated February 7, 2014, the claims administrator approved a request for Cymbalta and denied a request for 24 sessions of aquatic therapy annually, and denied a request for OxyContin. The claims administrator stated that the applicant had fibromyalgia anxiety and therefore should qualify for usage of Cymbalta. Somewhat incongruously, the claims administrator then stated that there was no evidence of efficacy to justify ongoing usage of OxyContin. In an April 8, 2014 progress note, the applicant was described as reporting persistent complaints of low back pain, reportedly heightened. The applicant remained anxious. The applicant was described as having chronic low back pain status post failed laminectomy and status post failed spinal cord stimulator trial. The applicant did carry ancillary diagnoses of narcotic dependency, chronic pain syndrome, knee meniscal tear, piriformis syndrome, trochanteric bursitis, fibromyalgia, and hypertension. Cymbalta, Provigil, Protonix, Xanax, Flexeril, Lidoderm, and OxyContin were all renewed. The applicant was in the process of transferring care elsewhere, it was noted. Pool therapy and a gym membership were appealed. The applicant did not appear to be working with permanent limitations in place. On February 11, 2014, the applicant was again given prescriptions for Cymbalta, Provigil, Protonix, Xanax, Flexeril, Motrin, Lidoderm, and OxyContin. The

applicant's gait was not described on this occasion. Synvisc injections, pool therapy, gym membership, and permanent work restrictions were all again endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Therapy 24 sessions per year: 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: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable. In this case, however, the applicant's gait and ambulatory status has not been clearly outlined on any recent progress note. It was not clearly stated or suggested how, why, and if reduced weight bearing is desirable. It is further noted that the 22 sessions of aquatic therapy being sought annually represent treatment well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts, the issue reportedly present here. For all the stated reasons, the request is not medically necessary.

Oxycontin 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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 includes 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 of work with permanent limitations in place. There is no evidence of any diminished pain complaints achieved as a result of ongoing OxyContin usage. The applicant, in addition to having failed to return to work, also reports heightened pain complaints from visit to visit as opposed to reduced pain complaints from visit to visit, despite ongoing OxyContin usage. There has been no concrete or tangible evidence of improvement in function achieved as a result of ongoing OxyContin usage. Therefore, the request is not medically necessary.