

Case Number:	CM14-0030752		
Date Assigned:	06/20/2014	Date of Injury:	10/10/2001
Decision Date:	08/12/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/11/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 50-year-old female was reportedly injured on October 10, 2001. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated February 18, 2014, indicated that there were ongoing complaints of neck pain, low back pain, right elbow pain, and left shoulder pain. The injured employee is currently prescribed Norco, which is stated to reduce her pain from 8/10 to 5/10. The usage of Flexeril was also stated to help reduce pain intensity and the frequency of muscle spasms. The physical examination demonstrated reduced range of motion of the cervical and lumbar spine. There was a request for Norco, Flexeril, and diclofenac as well as aquatic therapy. A request was made for aquatic therapy, Norco, Flexeril, and diclofenac and was not certified in the pre-authorization process on February 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy x 6 months: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Aquatic therapy, updated July 3, 2014.

Decision rationale: According to the Official Disability Guidelines, aquatic therapy is an optional form of exercise therapy, and, where available, as an alternative to landbased physical therapy. Aquatic therapy can minimize the effects of gravity when reduced weight bearing is desirable. However, the most recent progress note, dated February 18, 2014, did not indicate how aquatic therapy can potentially benefit the injured employee's neck pain, shoulder pain, and elbow pain. Without additional justification, this request for aquatic therapy is not medically necessary.

Norco 10/325mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78 of 127.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. The California MTUS supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there was no clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not medically necessary.

Flexeril 7.5mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant Page(s): 41, 64 of 127.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines support the use of skeletal muscle relaxants such as Flexeril for the short-term treatment of acute exacerbations of chronic pain and spasms. The most recent progress note, dated February 18, 2014, stated that Flexeril helped reduce the injured employee's muscle spasms. This request for Flexeril is medically necessary.

Diclofenac 100mg #30: Overturned

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

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

Decision rationale: The MTUS supports the use of anti-inflammatories such as diclofenac as a first-line agent for the management of chronic pain. Based on the most recent progress note dated February 18, 2014, the injured employee has chronic pain issues relating to the neck, back, shoulder, and elbow and there are no side effects reported with the use of anti-inflammatories. This request for the use of diclofenac is medically necessary.