

Case Number:	CM14-0053853		
Date Assigned:	07/07/2014	Date of Injury:	03/16/1988
Decision Date:	09/05/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/22/2014

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 Maryland. 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 patient is a 77 year old male with a work injury dated 3/16/88. His diagnoses include post lumbar laminectomy syndrome, reflex sympathetic dystrophy upper limb, lumbosacral disc degeneration, lumbosacral neuritis, cervical myelomalacia, headache, chronic pain syndrome. The patient has an extensive history of coronary artery disease, recurrent strokes/TIAs and degenerative disease of the spine secondary to an accident in 1988, chronic pain in the right arm due to reflex sympathetic dystrophy. His orthopedic surgeries consist of a C5-6 and C6-7 fusion in August 1988; C4-7 fusion with plating April 2002; Neck fusion C2-4 with instrumentation June 2010; Laminectomy L2-5 with fusion at S1 March 2011. Under consideration is a request for 24 aquatic therapy sessions and Percocet 7.5MG Quantity 90. There is a primary treating physician report dated 1/2/14 that states that the patient presents for follow up with increased pain today. Patient states he would like Trigger Point Injections in his low back today. Patient states he was recently approved for Physical Therapy and Aquatic Therapy but only for once a month not once a week. Patient is requesting refills on his of Percocet and Ambien. He presents for follow up reporting 8/10 aching pain in the lumbar spine, 7/10 aching pain in the head, 8/10 aching pain in the bilateral arms, unchanged aching pain in the bilateral eyes, 8/10 aching pain in the bilateral calves, increased 5/10 aching pain in the cervical spine. He is not currently working. He reports difficulty with sleep. Patient was last seen on 12/03/2013. The patient has undergone sympathetic block, ESI injection, trigger point injection, aqua therapy, acupuncture and chiropractic treatment. Lumbar exam revealed no abnormal curvature of the spine. There is tenderness to palpation over the right lumbar facets, right thoracic facets, right paravertebral thoracic and lumbar spasm, right sacroiliac joint tenderness. Skin shows surgical scars. Straight leg raise is negative in the seated position. There is decreased and painful lumbar range of motion. There is significant tenderness in the right lower lumbar facet region .Significant

tightness of the left hamstring with straight leg raise and extension. Gait is significantly antalgic using a cane. Well healed surgical scar status post L5-S1 posterior fusion Slight tissue atrophy lumbar region bilateral lower facets L4-5 and L5-S1. His disability status is permanent & stationary. The patient was discontinued on Percocet 5 mg-325 mg quantity 90 and placed on Percocet 7.5 mg-325 mg quantity 90. Requested treatment was aqua therapy weekly. Authorization was given for one time per month which was ineffective. A 2/25/14 office visit states that the patient presents for follow up reporting unchanged 5/10 aching pain in the lumbar spine, 8/10 aching pain in the head, 8/10 aching pain in the bilateral arms, unchanged aching pain in the bilateral eyes, decreased 4/10 aching pain in the bilateral calves, unchanged 6/10 aching pain in the cervical spine. He is not currently working. He reports difficulty with sleep. Patient was last seen on 01/28/2014. There is a 6/17/14 office visit that states that the patient presents for follow up reporting increased 7/10 aching pain in the lumbar spine, unchanged 5/10 aching pain in the head, unchanged 7/10 aching pain in the bilateral arms described as aching, unchanged aching pain in the bilateral eyes, unchanged 7/10 aching pain in the bilateral calves, increased 5/10 aching pain in the cervical spine. He is not currently working. He reports difficulty with sleep. Patient was last seen on 5/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Aquatic Therapy Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine p.98-99; Aquatic therapy Page(s): 22.

Decision rationale: 24 Aquatic Therapy Sessions are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for the patient's condition. The documentation indicates that the patient has had at least 18 aquatic therapy sessions in the past. There is no extenuating circumstance that would warrant an excess of the MTUS recommended guideline number of visits. The patient should be well-versed in an independent home exercise program. The request for 24 Aquatic Therapy Sessions are not medically necessary.

Percocet 7.5MG Quantity 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

Decision rationale: Percocet 7.5MG Quantity 90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. This would include appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is no indication that the medication has improved the patient's pain or functioning (as defined by the MTUS) to a significant degree therefore Percocet is not medically necessary, The MTUS guidelines state to discontinue opioids if there is no overall improvement in function and pain. The request for Percocet 7.5MG Quantity 90 is not medically necessary.