

Case Number:	CM14-0062311		
Date Assigned:	07/11/2014	Date of Injury:	12/19/2012
Decision Date:	09/16/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/05/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 41-year-old female who sustained an injury on 12/19/2012 when she was walking out of the classroom a gold cart hit the door, slamming it shut, and hitting her in the face. The diagnoses included status post blow to the face with cervical spine sprain and strain and persistent headaches, bilateral upper extremity radicular symptoms, pre-existing gastrointestinal condition diagnosed as GERD, and nasal bone fracture and nasal septum fracture with nasal valve stenosis. Prior treatments included the use of a TENS unit which was reported to be very useful, 12 visits of physical therapy, home exercise program, 16 visits of acupuncture, chiropractic treatment and medications. The injured worker had an examination of 06/16/2014. The injured worker complained that she has had recent flare-up in symptoms in her neck and upper back. Her symptoms with her neck pain radiated into the head and associated with her headaches. She described her pain as burning and she noted increase in numbness in the right hand in the ulnar nerve distribution of the right ring finger and the small finger. She complained of difficulty with sleep, had difficulty breathing through her nose, and noted frequent tearing through her right eye. It was reported that the injured worker had trial and failed multiple oral medications due to gastrointestinal symptoms. She rated her pain at an 8/10. Upon examination of the cervical spine, it was noted that she had bilateral cervical paraspinal tenderness, the left greater than the right, and 2+ palpable muscle spasms present. Her range of motion of her cervical spine flexion was 35 degrees, extension 40 degrees, right rotation 50 degrees, and left rotation was 40 degrees. She had a decrease in her strength in her grasp of her upper extremities. Her medication list consisted of Lidoderm patches over her neck and her trapezius muscle. The recommended plan of treatment was for her to continue her Lidoderm patches and to start taking the Norco again. The examination did note that she had previously

failed Neurontin, Lyrica and Cymbalta and as well as amitriptyline. The Request for Authorization for the Norco was not provided. The rationale for the Norco was for a trial due to her increased pain and due to her significant side effects from other oral medications. The Request for Authorization for the aqua therapy was signed and dated for 01/31/2014. The rationale for the aquatic therapy was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC WARM WATER REHAB, TWICE WEEKLY FOR 4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES-AQUATIC THERAPY Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22-29.

Decision rationale: The request for the aquatic warm water rehab 2 times a week for 4 weeks is not medically necessary. The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy as an alternative to land based physical therapy. Aquatic therapy is specifically recommended where reduced weight bearing is desirable. There are no functional deficits that were mentioned to support the request for the 8 aquatic therapy sessions as the injured worker had at least 12 previous sessions of physical therapy. Furthermore, the guidelines recommend up to 10 sessions, and there was a lack of evidence to warrant more sessions. There is a lack of functional improvement provided from the prior sessions. The clinical information fails to meet the evidence-based guidelines for the request of aquatic warm water rehabs therefore, the request for the aquatic warm water rehab is not medically necessary.

NORCO 5/325MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES-OPIOIDS, SPECIFIC DRUG LIST, OPIOIDS, CRITERIA FOR USE Page(s): 91, 76-78.

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

Decision rationale: The request for the Norco 5/325 mg #30 is not medically necessary. The California MTUS Guidelines recommend for initiating the therapy of opioids whether to be set goals and the continuation of the opioids should be contingent on meeting those goals. There also is recommended to be a baseline pain in functional assessment, to include, social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. The Norco was tapered and discontinued previously on 04/30/2014. However, there was a lack of information as to why that

it was discontinued or the fact that it was beneficial to support re-initiation of the medication. The California Guidelines recommend the discontinuing of opioids if there is no overall improvement in function, or there is a decrease in function, or resolution of pain, or non-adherence, or the patient requests discontinuing. The physical examination did not include daily and work activities and was not validated with functional measurements of functional deficits. Furthermore, the request does not specify directions for frequency and duration. There was a lack of evidence to support the number of 30 pills without further evaluation and assessment. The clinical information fails to meet the evidence-based guidelines to re-initiate the use of the Norco 5/325 mg therefore, the request for the Norco 5/325 mg is not medically necessary.