

Case Number:	CM14-0068080		
Date Assigned:	07/11/2014	Date of Injury:	05/11/2013
Decision Date:	08/21/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/12/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 69-year-old male who reported an injury on 03/11/2013. The mechanism of injury was not stated. Current diagnoses include lumbar disc protrusion; lumbar facet arthropathy; lumbar muscle spasms; lumbar radiculopathy; lumbar foraminal narrowing; internal derangement of the bilateral knees; ankle pain; and loss of sleep and psych component. The injured worker was evaluated on 03/17/2014 with complaints of persistent lower back pain. He also reported moderate right knee pain and intermittent left knee pain. Physical examination on that date revealed decreased and painful lumbar range of motion, 3+ tenderness to palpation of the lumbar paravertebral muscles, positive Kemp's testing, decreased and painful left and right knee range of motion, swelling, 3+ tenderness to palpation, and positive McMurray's sign. Treatment recommendations at that time included aquatic therapy 3 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2-3x wk: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. There was no indication that this injured worker requires reduced weight bearing as opposed to land-based physical therapy. There was also no specific body part listed in the current request. As such, the request is not medically necessary.

Tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no strength, frequency or quantity listed in the current request. As such, the request is not medically necessary.

Naproxen: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state that non-steroidal anti-inflammatory drug (NSAIDs) are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second-line option after acetaminophen. There is no strength, frequency or quantity listed in the current request. Therefore, the request is not medically necessary.

Prilosec: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state that proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factors and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a non-selective non-steroidal anti-inflammatory drug (NSAIDs). There is no

frequency, strength or quantity listed in the current request. As such, the request is not medically necessary.