

Case Number:	CM14-0069034		
Date Assigned:	07/14/2014	Date of Injury:	02/18/2003
Decision Date:	09/17/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/14/2014

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 & 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 injured worker is a 63-year-old gentleman who was reportedly injured on February 18, 2003. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated April 17, 2014 indicates that there are ongoing complaints of neck pain and low back pain radiating to both the arms and the legs. Pain level was rated at 7/10. Pain medications were stated to help the injured worker reduce the pain to a tolerable level and help him participate in activities of daily living. The physical examination noted ambulation with an antalgic gait favoring the left side. There was tenderness along the upper trapezius, thoracic, and lumbar paraspinal muscles. There was also decreased strength in the lower extremities and a positive sacroiliac joint compression test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request was made for Kadian ER and aquatic therapy and was not certified in the pre-authorization process on May 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian ER 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 75, 78 & 93.

Decision rationale: A review of the medical record indicates that the injured employees current dosing is equal to a 240 mg morphine equivalent which far exceeds the recommended 120 level. Additionally there is no objective documentation of pain relief noted with a VAS scale with the usage of this medication. For these reasons this request for Kadian ER 20 mg is not medically necessary.

Kadian ER 60mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 75, 78, 93 of 127.

Decision rationale: A review of the medical record indicates that the injured employees current dosing is equal to a 240 mg morphine equivalent which far exceeds the recommended 120 level. Additionally there is no objective documentation of pain relief noted with a visual analog scale with the usage of this medication. For these reasons this request for Kadian ER 60 mg is not medically necessary.

16 Aquatic Therapy Sessions: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule supports aquatic therapy as an alternative to land-based physical therapy. Aquatic therapy (including swimming) minimizes the effects of gravity and is recommended where reduced weight bearing is desirable. Review of the available medical records, fails to document why the claimant is unable to participate in land-based physical therapy. As such, this request for 16 sessions of aquatic therapy is not medically necessary.