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| Case Number: | CM14-0073400 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 06/15/2009 |
| Decision Date: | 08/25/2014 | UR Denial Date: | 04/28/2014 |
| Priority: | Standard | Application Received: | 05/20/2014 |

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 Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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:

██████████ is a 54-year-old, male claimant who sustained a vocational injury on 06/15/09. The records provided for review document that the claimant is status post posterior lumbar decompression, laminectomy, and nerve root foraminotomy at L3-4, L4-5, and L5-S1 with instrumentation and fusion at L3-4, L4-5, and L5-S1; local plus autologous bone graft was utilized. The claimant's current working diagnosis includes lumbar discogenic disease, post-laminectomy syndrome, status post L3-S1 ASF/PSF, right L4 radiculopathy and symptomatic hardware. At the office visit on 03/20/14 the claimant had low back and right leg pain that was documented as related to the hardware. The request for hardware removal had not been certified. Examination of the lumbar spine revealed spasm, painful and limited range of motion, a positive Lasegue on the right, positive straight leg raise on the right at 80 degrees and decreased sensation on the right at L4-5 and L5. There was also quad atrophy on the right and deep tendon reflexes were absent at the patella and Achilles on the right. This request is for pool therapy times 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Therapy 12 sessions:

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 Aquatic Therapy; Physical Medicine Page(s): 22; 98-99.

Decision rationale: California MTUS Chronic Pain Guidelines recommend that aquatic therapy is an optional form of exercise therapy as an alternative to land based physical therapy. Currently California MTUS Chronic Pain Guidelines support 8 to 10 visits over four weeks in the setting of radiculitis. The request for 12 aquatic therapy sessions exceeds the Chronic Pain Guideline recommendations. Documentation presented for review fails to establish the quantity of physical therapy that the claimant had following his previous surgical intervention back in January of 2013 or if any formal therapy or exercise modalities have been utilized since that time. There is lack of subjective complaints or abnormal physical exam objective findings presented that may be amendable to aquatic therapy. Currently there is no significant evidence presented for review justifying the medical necessity for the 12 requested pool therapy sessions and subsequently based on documentation presented for review and in accordance with California MTUS Chronic Pain Guidelines the request cannot be considered medically necessary.

TENS unit #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: The California MTUS Chronic Pain Guidelines do not support the use of a TENS unit as the primary treatment modality, but suggests a one month home based trial as noninvasive conservative treatment option if used in adjunctive program of evidence based functional restorations. Review of a previous utilization review determination noted that the claimant had previously been certified for the use of a TENS, however, there is no documentation suggesting that the claimant has subjective relief, improvement in abnormal physical exam objective findings, decreased use of medication, or documented improvement in overall functional and/or vocational abilities. There is no documentation that the claimant needs replacement parts or that his current unit is not properly functioning. Therefore, based on the documented presented for review and in accordance with California MTUS Chronic Pain Guidelines, the request for the TENS unit cannot be considered medically necessary.

Retrospective: Hydrocodone/APAP 10/325mg #720: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-pain treatment agreement Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Hydrocodone Page(s): 75, 91, 124.

Decision rationale: In regards to the third request for Hydrocodone, 10/325 dispense #720, California MTUS Chronic Pain Guidelines have been referenced. Currently the request for 720, 10/325 mg. of Norco is excessive and certainly seems to exceed the recommendation for this particular narcotic to be used on a short term basis for acute pain. There is currently no documentation that the claimant has been compliant with his medications either through questioning or through recent urine toxicology screen. There is a lack of documentation of the claimant's current usage, schedule, or intention with the medications. There is a lack of documentation that the claimant has failed traditional first steps line conservative treatment options such as Tylenol alone, anti-inflammatories, activity modification, formal physical therapy, home exercise program, injection therapy, or other interventions such as modalities. Due to the lack of documentation presented for review establishing medical necessity for the requested narcotic, in addition to the excessive amount of the quantity of 720, based on California MTUS Chronic Pain Guidelines the request for the Hydrocodone 10/325 dispense #720 cannot be considered medically necessary.

Retrospective: Omeprazole 20mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain-NSAIDs, GI symptoms, and cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: In regards to the fourth request for Omeprazole, 20 mg. dispense #240, currently there is a lack of documentation as the claimant has a history of peptic ulcer disease, GI bleeding, or perforation, is currently using aspirin, corticosteroids, or anticoagulants, is using a high dose/multiple anti-inflammatories, and given the fact that the claimant is less than 65 years of age the medical necessity for the requested medication in the form of Omeprazole/PPI cannot be considered medically necessary.

Retrospective: Temazepam 20mg #120:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain-Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: In regards to the fifth and final request for Temazepam, 20 mg. dispense #120, Temazepam is a form of a Benzodiazepine. The Chronic Pain Guidelines state that Benzodiazepine is not recommended for long-term use because of long-term efficacy is unproven. There is a risk of dependence. Most guidelines limit use up to four weeks. Currently documentation presented for review suggests this drug has been used in this case for quite some time and the continued use and medical necessity has not been established. Therefore, based on documentation presented for review and in accordance with California MTUS Chronic Pain Guidelines, the continued request for Temazepam cannot be considered medically necessary.

