

Case Number:	CM14-0074596		
Date Assigned:	07/16/2014	Date of Injury:	02/16/2012
Decision Date:	09/19/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/22/2014

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 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 records, presented for review, indicate that this 56 year old male was reportedly injured on 2/16/2012. The mechanism of injury is undisclosed. The most recent progress notes, dated 3/24/2014 and 4/9/2014, indicate that there were ongoing complaints of low back pain. Physical examination demonstrated no acute distress, sedation or deformity, myalgia and spasm to lumbar paraspinal muscles, stiff lumbar spine range of motion with pain in 30 degrees of flexion and -5 degrees of extension and strength 5/5 in lower extremities and negative straight leg raise bilaterally. No recent diagnostic imaging studies available for review. Diagnoses are listed as chronic low back pain, degenerative disk disease, and musculoskeletal myalgia. Previous treatment included lumbar epidural steroid injections, physical therapy and medications to include hydrocodone, naproxen, Flexeril and omeprazole. A request was made for Norco 5/325 milligrams quantity sixty and aquatic therapy two times per week for six weeks for the lumbar spine in the utilization review on 5/13/2014 was noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60.: Upheld

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 Page(s): 74-78, 88, 91.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The Medical Treatment Utilization Schedule (MTUS) guidelines support short acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has a history of chronic low back pain after a work related injury in 2012; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen, which has included Norco since at least October 2013. As such, this request is not medically necessary.

Aquatic therapy 2X6 for the lumbar spine.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines, Aquatic Therapy.

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

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) 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, the request is not considered medically necessary.