

Case Number:	CM14-0079087		
Date Assigned:	07/18/2014	Date of Injury:	03/31/2010
Decision Date:	09/12/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/29/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 52 year old male who was injured on 3/31/2010. He was diagnosed with lumbar radiculopathy, failed back syndrome (after back surgery), and major depression. He was treated with medications, trigger point injections, epidural injections, physical therapy, and surgery (lumbar). On 4/1/2014, the worker was seen by his primary treating provider complaining of constant intractable upper and lower back pain with weakness of the left leg/foot which requires that he uses a cane, but that his pain was reduced to some extent with medications (Naproxen, Hydrocodone/APAP, Fluoxetine). However, although he reported pain reduction to the point of being able to perform daily activities of living successfully, he still reported significant pain to the point of not working, not having enjoyment in life, limiting his activity in other ways, limiting his sleep, and difficulty concentrating and interacting with other people. He was then recommended a muscle relaxant and refills on his other medications as well as aquatic therapy (which had been requested and denied with previous requests).

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE: HYDROCODONE/APAP 1-/325MG #270 DISPENSED 4-1-14:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was not a complete review performed and documented at the last office visit when this request was made to refill this medication. Although the documented report reviewed from 4/1/14 suggested benefit from the combined medication regimen, there was no specific report on functional benefit (specific tasks) nor was there a report on pain-reduction from hydrocodone use, specifically. Also, there was no report of the worker completing other more conservative treatments at the same time, such as physical therapy. Therefore, the Hydrocodone/APAP is not medically necessary.

RETROSPECTIVE: CYCLOBENZAPRINE 7.5MG #90 DISPENSED 4-1-14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, the reported low back pain complaints were reported to the requesting physician on 4/1/14, but there was no clear indication of an acute flare-up, but rather seemed to be his usual level of pain and function. The request for #90 pills of cyclobenzaprine seems excessive, even if the intention was to treat an acute exacerbation. One to two weeks worth of this type of medication should be sufficient. Therefore, the Cyclobenzaprine 7.5 mg #90 is not medically necessary.

AQUATIC THERAPY 2 TIMES PER WEEK FOR 6 WEEKS TO LOW BACK:

Overtaken

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Page(s): 22, 98, 99.

Decision rationale: The MTUS Chronic Pain Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. It is specifically recommended where reduced weight bearing is desirable, such as with extreme obesity. General physical medicine recommendations by the MTUS are 9-10 visits over 8 weeks for myalgia/myositis, 8-10 visits over 4 weeks for neuralgia/radiculitis, and 24 visits over 16 weeks for reflex sympathetic dystrophy (CRPS). In the case of this worker, the request for aquatic therapy, which was made previously, seems like a reasonable request. The worker is obese, which may be enough of an indication for this type of therapy. The previous reviewer suggested that the worker's previous attempt at physical therapy was unsuccessful. However, if aquatic therapy had not been attempted, this may be more successful than previous attempts at land-based therapy. Any push toward physical activity, successfully done should be part of the treatment plan in the opinion of the reviewer. A trial of aquatic therapy is reasonable and medically necessary in this case. However, continuation of this mode of therapy needs to be based on documented functional and pain-reduction benefits. Of course, just as important would be to provide very specific dietary advice to any individual in order for them to successfully lose weight which would significantly reduce pain as well as increase function. The request is medically necessary.