MAXIMUS Federal Services

Case Number:	CM14-0081019		
Date Assigned:	07/18/2014	Date of Injury:	02/13/2006
Decision Date:	09/17/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/02/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 50 year old male who was injured at work on 02/13/2006. The injured worker, who had been using Gabapentin, Tizanidine, Alprazolam, and Oxycontin, before 09/04/2012, reported to his doctor on 03/4/2014 and reported that he had fallen two times in the recent past, and had to be treated at the emergency room for concussion. He complained of pain in his neck both arms, and both legs; headaches; weakness in his legs; and problems with gait and balance. He requested for more water based therapy as it helps him with balance, strength and stability. On examination, he was found to ambulate with Canadian crutches or scooter. He had normal power and sensations in the upper limbs, but very weak quadriceps muscle in the left anterior thigh where he also had very poor sensations. He was diagnosed of cervical fusion, and cervical myelopathy; though a different provider also diagnosed him of right piriformis syndrome, shoulder fracture secondary to fall, post cervical decompression, Rule out L5 radiculopathy. He was reported to have been on Gabapentin, Alprazolam, Tizanidine, Lunesta, Oxycontin, and Cymbalta as at 03/04/2014. His doctor refilled his medications and ordered pool therapy 2-3 days /week. During his visit on 04/01/2014 his doctor reported he was having decreasing effectiveness of the Neurontin despite being on 2400mg/ day. Therefore, his doctor renewed the previous medications, but also added 75mg BID Lyrica to Gabapentin 600mg bid. He was taken off work. At dispute are the Prospective request for 12 sessions of water therapy; request for 1 Tri Cruiser exercise tricycle; Prospective request for 1 prescription of Lunesta 3 mg #30 with 3 refills; Prospective request for 1 prescription of Lyrica 150 mg #60 with 3 refills; 1 prescription of OxyContin 40 mg #90 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 12 sessions of water therapy: Upheld

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 guideline for aquatic therapy (water based therapy), is the same as the guideline for physical medicine or physical therapy. This is because aquatic therapy is an option for those who cannot do land based therapy. The records reviewed revealed that the injured worker was receiving physical therapy by 10/24/13, by 12/5/2013 he was on 8 of 12 ; by 02/4/2014, he was on the 3rd visit of another 12 sessions, by 03/06/2014, he was on the first visit of another 12 sessions. Going by these numbers it means the injured water had received a minimum of 36 sessions of aquatic therapy. The MTUS guidelines recommends to allow a fading of therapy from three visits a week to one a week, then have the patient continue with home exercise program. Furthermore, page 8 of the chronic pain chapter recommends re-evaluating the patient periodically and if the patient's progress is unsatisfactory consider the use of other consider the use of other therapeutic. Since the injured worker is currently off duty, and has not been weaned off the aquatic therapy, it is reasonable to say it is not medically necessary.

Prospective request for 1 Tri Cruiser exercise tricycle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Aerobic exercise.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: Although the MTUS recommends exercise for chronic pain, particularly aerobic exercise, the MTUS says there is insufficient evidence to recommend any particular exercise over another. Therefore the Prospective request for 1 Tri-Cruiser exercise tricycle is not medically necessary.

Prospective request for 1 prescription of Lunesta 3 mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines Clearing house, http://www.guideline.gov/content.aspx?id=38982#Section420 . 09/14/2014.

Decision rationale: Lunesta belongs to the class of drugs called Sedative- Hypnotics. These are drugs used in the treatment of insomnia. The guidelines recommend using these drugs more than 4 weeks. The records reviewed reveal that the injured worker has been on this drug for about a year or more. Therefore the request for Lunesta is not medically necessary.

Prospective request for 1 prescription of Lyrica 150 mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica, no generic available). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants (Antiepileptics> Page(s): 16-22.

Decision rationale: Pregabalin (Lyrica) is an Antiepileptic or anticonvulsant recommended for neuropathic pain. The drug was appropriately combined with Gabapentin when it was discovered Gabapentin was having a decreasing effect. However, the Guideline recommends continuing with its treatment if the patient improves by at least 30%, otherwise to switch or combine it with another first line drug for neuropathic. Since the injured worker has not improved by the stated amount, rather he is off duty, the drug is not medically necessary.

Prospective request for 1 prescription of OxyContin 40 mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lon-term Users of Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Oxycodone (Oxycotin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

Decision rationale: The MTUS requirements for discontinuing opioids include lack of overall improvement in function. The requirement for continuing opioids include: if the patient has returned to work, and if the patient has improved functioning and pain. From the records, the injured worker was doing part time work as at 03/2014, but by the next month he was unable to work. Considering he has been using opioids predating 2012, but rather than improving there is decreased functioning, the drug will be considered not medically necessary and appropriate.