

Case Number:	CM14-0086046		
Date Assigned:	07/23/2014	Date of Injury:	03/26/2004
Decision Date:	09/10/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/09/2014

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 this 59 year old male was reportedly injured on March 26, 2004. The mechanism of injury is undisclosed. The most recent progress note, dated February 26, 2014 indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a 6'6", hypertensive (166/87) male. Diagnostic imaging studies were not presented. Previous treatment included multiple medications, pain management interventions, and physical modalities, and a knee replacement surgery was also completed. A request was made for aquatic therapy, lumbar MRI, Norco and Hydrochlorothiazide and was not certified in the preauthorization process on May 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy for Next 6 Months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 22.

Decision rationale: As outlined in the Medical Treatment Utilization Schedule (MTUS), aquatic therapy is an optional form of exercise therapy as an alternative to land based physical therapy.

However, there is nothing in the progress note to suggest that a home based exercise protocol emphasizing overall fitness, conditioning, achieving ideal body weight and completing traditional land based therapies cannot be completed. As such, there is no clinical indication for aquatic therapy. This request is not medically necessary.

Lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: When noting the date of injury, the limited physical examination presented for review, the lack of any escalating neurological findings or indicators of a significant nerve root compromise, there is no data presented to suggest the need for a repeat MRI of the lumbar spine. As such, the medical necessity has not been established.

Norco 10/325 #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) 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 California 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, or other indicators of success, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not medically necessary.

Opana 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 74, 78, 93.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines support long acting opiates in the management of chronic pain when continuous around the clock analgesia is needed for an extended period of time. Management of opiate medications should include 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 suffers from chronic pain; however, there is no documentation of improvement in the pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, this request is not medically necessary.

Hydrochlorothiazide 12.5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com: Hydrochlorothiazide.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) diabetes chapter updated July, 2014.

Decision rationale: The parameters from the Official Disability Guidelines (ODG) diabetes chapter were employed. It is noted that the injured worker is somewhat hypertensive. However, the diagnosis has not been established, the appropriate laboratory studies to suggest the sequelae of such a diagnosis are not noted, and it is not clear this is the best possible alternative to address this unrelated comorbidity. As such, the medical necessity cannot be established based on the limited clinical information presented for review.

Lisinopril 10mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com: Lisinopril.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Diabetes chapter, updated July 2014.

Decision rationale: The parameters noted from the Official Disability Guidelines (ODG) are used. This is an antihypertensive medication, noted to be an ACE inhibitor, a first line blocker. Noting the blood pressure identified in the physical examination would indicate a hypertensive situation. It is also noted that there is an exercise in this clinical situation. As such, there is a clinical indication to use a first line antihypertensive medication. Therefore, there is a medical necessity to treat the unrelated comorbidity of hypertension with this medication.

Follow-UP Visit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Evaluation and Management (E&M).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 78.

Decision rationale: When noting the date of injury, the multiple complaints, the multiple diagnoses offered and the limited amount of physical examination, there is a clinical indication for a follow up evaluation to complete a comprehensive clinical assessment, address each clinical issue separately, and establish an appropriate treatment plan for each of these problems. Therefore, there is a clinical indication and medical necessity for follow up evaluation so a comprehensive assessment can be completed and an appropriate treatment plan developed. This request is medically necessary