

<b>Case Number:</b>	CM14-0088288		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	11/27/2001
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 an 81 year old female injured on 11/27/2001 as a result of a trip and fall with subsequent surgical intervention to include fusion of T11 to S1. Diagnoses include postlaminectomy syndrome, myelopathy, and neuritis. Clinical note dated 05/06/14 indicates the injured worker presented complaining of increased pain in the left buttock rated as 4/10, decreased pain in the right buttock rated at 2/10, neck, lumbar, bilateral leg, ankle and foot pain remain unchanged. The injured worker requested refill of MS Contin. The injured worker reported Lyrica continued to keep ankle pain under control. The injured worker reported prior physical therapy provided 70 percent benefit and requested additional therapy. The injured worker previously completed aqua therapy approximately three years prior with 80 percent benefit and utilized transcutaneous electrical nerve stimulation (TENS) unit with no benefit. Previous lumbar epidural steroid injections three provided 50 percent benefit. The documentation indicates the injured worker requires assistance with dressing and household chores. The documentation indicated the injured worker is 65 inches tall and weighs 140 pounds. Medications included Morphine Sulfate (MS) Contin 15 milligrams twice daily, MS Contin 30 milligrams 2 tabletstwice daily, Pristiq extended release (ER), Lyrica 75 milligrams twice daily, Celebrex 200 milligrams, Lidoderm patch, Prilosec, Ramipril, and Xanax. The initial request for MS Contin 15 milligrams quantity sixty and twelve sessions of aqua therapy for lumbar spine three times a week for four weeks was initially noncertified on 04/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 15mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. Further, current guidelines indicate opioid dosing should not exceed 100 milligrams morphine equivalent dosage/day. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Morphine Sulfate (MS) Contin 15 milligrams quantity sixty cannot be established at this time. Therefore, the request is not medically necessary.

**12 Sessions of Aqua Therapy for Lumbar Spine (3x for 4weeks):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. There is no indication the injured worker meets these criteria. As such, the request for twelve sessions of aqua therapy for lumbar spine three times a week for four weeks is not medically necessary.