

Case Number:	CM14-0095608		
Date Assigned:	07/25/2014	Date of Injury:	07/15/2002
Decision Date:	09/24/2014	UR Denial Date:	06/07/2014
Priority:	Standard	Application Received:	06/23/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in California. 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 39-year-old female with a reported date of injury on 07/15/2002. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include chronic back pain, lumbar facet syndrome, spinal/lumbar degenerative disc disease, and neck pain. Her previous treatments were noted to include physical therapy/pool therapy, medications, and home exercise program. The progress noted dated 05/23/2014 revealed the injured worker complained of neck pain and lower back rated 3/10 to 4/10 for the low back and 5/10 to the neck. The injured worker reported almost no pain while in the pool. The injured worker reported no new problems or side effects and her quality of sleep was fair. The injured worker reported trying physical therapy/pool therapy for pain relief and reported her activity level had increased. The injured worker reported she was taking her medications as prescribed and they were working well. Her medications were noted to include Ultram ER 300 mg 1 daily, trazodone 50 mg 1 to 2 at bedtime as needed, Lidoderm 5% patch 1 patch daily as needed, Flexeril 10 mg 1 twice daily as needed, Vicodin 5/300 mg 1 three times a day as needed, and Neurontin 300 mg 1 four times a day. The physical examination of the cervical spine revealed restricted range of motion with flexion limited to 35 degrees, extension was to 30 degrees, right lateral bending was to 15 degrees, left lateral bending was to 15 degrees, left lateral rotation was to 40 degrees, right lateral rotation was to 45 degrees and pain. Upon examination of the paravertebral muscles, tenderness and tight muscle banding was noted on both sides. Tenderness was noted at the paracervical muscles and trapezius. The Spurling's maneuver caused pain in the muscles of the neck but no radicular symptoms. The physical examination of the lumbar spine revealed restriction on range of motion with flexion limited to 60 degrees, extension was to 15 degrees, right lateral bending was to 20 degrees, left lateral bending was to 20 degrees and pain but normal lateral rotation to the left/right. Upon palpation, the paravertebral muscles had

tenderness and tight muscle banding on both sides. The lumbar facet loading test was negative on both sides and a straight leg raise test was negative. There was tenderness noted over the sacroiliac spine. The motor strength examination of the EHL was rated 5-/5 to the right and 5/5 on the left, the ankle dorsi flexors was 5-5/ on the right and 5/5 on the left, the knee extensors was 5/5 bilaterally, and the knee flexors and hip flexors were both rated 5/5. The injured worker indicated with medications she had been able to care for her children. The provider indicated the injured worker had chronic pain which was managed by medications. The injured worker submitted to random urine drug screens and had a signed a pain narcotics agreement. The CURES reports were appropriate and the pain was decreased and made tolerable with the use of medications. The injured worker was able to functionally do more with the medications as compared to without. With medications, the injured worker was independent with activities of daily living and home chores. There were no significant side effects or aberrant behavior. The request for authorization form dated 05/30/2014 was for Butrans 10 mcg per hour 1 patch to skin every 7 days quantity 4, and Ultram ER 300 mg 1 daily. However, the provider's rationale was not submitted within the medical records. The request for authorization form for aquatic therapy, 6 sessions to the lumbar and cervical spine, was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of aqua therapy to the cervical spine: Upheld

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

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

Decision rationale: The request for 6 sessions of aquatic therapy to the cervical spine is not medically necessary. The injured worker has been participating in aquatic therapy. The California Chronic Pain Medical Treatment Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weightbearing desirable for example, extreme obesity. Water exercise improves some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise in higher intensities may be required to preserve most of these gains. The guidelines recommend for myalgia and myositis 9 to 10 visits of physical therapy over 8 weeks. The injured worker has been participating in aquatic therapy and indicated it was helping her pain. The documentation provided indicated a decreased range of motion. However, there is a lack of quantifiable objective functional improvements with previous aquatic therapy and the number of sessions completed. Therefore, due to a lack of documentation involving quantifiable objective functional improvements and the number of sessions completed, aquatic therapy is not appropriate at this time. Additionally, the guidelines recommend aquatic therapy for reduced weightbearing, for instances such as extreme obesity, and there was a lack of documentation regarding the need for reduced weightbearing to warrant aquatic therapy. Therefore, the request is not medically necessary.

6 Sessions of aquatic therapy to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98.

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

Decision rationale: The request for 6 sessions of aquatic therapy to the lumbar spine is not medically necessary. The injured worker has been participating in aquatic therapy. The California Chronic Pain Medical Treatment Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weightbearing desirable for example, extreme obesity. Water exercise improves some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise in higher intensities may be required to preserve most of these gains. The guidelines recommend for myalgia and myositis 9 to 10 visits of physical therapy over 8 weeks. The injured worker has been participating in aquatic therapy and indicated it was helping her pain. The documentation provided indicated a decreased range of motion. However, there is a lack of quantifiable objective functional improvements with previous aquatic therapy and the number of sessions completed. Therefore, due to a lack of documentation involving quantifiable objective functional improvements and the number of sessions completed, aquatic therapy is not appropriate at this time. Additionally, the guidelines recommend aquatic therapy for reduced weightbearing, for instances such as extreme obesity, and there was a lack of documentation regarding the need for reduced weightbearing to warrant aquatic therapy. Therefore, the request is not medically necessary.

Butrans 10mcg #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official disability guidelines-pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 27.

Decision rationale: The request for Butrans 10 mcg #4 is not medically necessary. The injured worker has been utilizing this medication since at least 05/2014. The California Chronic Pain Medical Treatment Guidelines recommend buprenorphine for treatment of opiate addiction. The guidelines also recommend buprenorphine as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The guidelines' indications of buprenorphine is treatment of opiate agonist dependence, clinicians must be in compliance with The Drug Addiction Treatment Act of 2000. Buprenorphine's pharmacologic and safety profile may it attractive treatment for patients addicted to opioids. There was a lack of documentation regarding the injured worker having opiate addiction or at risk for opiate withdrawal. There was a lack of documentation regarding the injured worker going through detoxification to warrant a

Butrans patch. There was a lack of documentation regarding efficacy and improved functional status with utilization of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Ultram Er 300mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for Ultram ER 300 mg #30 is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors should be addressed. There was a lack of documentation regarding significant pain relief on a numerical scale with the use of medications. The injured worker indicated she was able to functionally do more with the medications as compared without such as in activities of daily living and home chores. The injured worker indicated she was not having side effects. The provider indicated the injured worker had been submitted to random urine drug screens and had signed a pain narcotics agreement. Due to the lack of documentation regarding significant pain relief and details regarding urine drug screening and when the last was performed, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.