

Case Number:	CM14-0161039		
Date Assigned:	10/06/2014	Date of Injury:	04/25/2001
Decision Date:	01/06/2015	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/01/2014

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, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 66-year-old male who reported an injury on 04/25/2001. The mechanism of injury was the injured worker was painting a prop on a [REDACTED] turntable, and the turntable broke. The injured worker grabbed the prop to keep it from breaking and had a popping sound in his back and shoulder with immediate pain. The injured worker's medications were noted to include Vicodin, Celebrex, and gabapentin. The injured worker was noted to undergo an x-ray which revealed a collapse of the L4-5 and L5-S1 discs with facet arthropathy. The injured worker had multiple surgical interventions. The documentation of 07/30/2014 revealed a request for 8 visits of aquatic therapy for the lumbar spine and the hips, and a prescription of hydrocodone/APAP 10/325 mg 1 by mouth every 6 to 8 hours as needed #60 with 2 units for severe pain. The most recent physical examination and documentation was on 09/10/2014 revealed the injured worker had complaints of pain in his low back and right hip. Physical examination revealed the injured worker had an abnormal toe walk on the right. The heel walk on the right was abnormal. There was tenderness in the paraspinal musculature of the lumbar region on the right. There was midline tenderness in the lumbar spine. There were muscle spasms in the lumbar spine. The injured worker had decreased range of motion. Sensory testing and a pinwheel was normal with the exception of decreased sensation in foot dorsum and posterolateral calf on the right. The motor examination was within normal limits with the exception of grade 4/5 plantar flexor and toe extensor on the right. The injured worker had a positive straight leg raise on the right in a seated position at 50 degrees and in the supine position at 60 degrees. The injured worker had decreased range of motion of the right hip. The trochanteric region of the right hip was swollen and tender. Motor power to the hip was tested and was weak. Sensory examination was within normal limits for the hip. The diagnoses

included status post reconstructive surgery of the right hip, total hip arthroplasty status post surgery, multilevel lumbar discopathy, and right hip Paget's disease with sprain and strain. The request was made for aquatic therapy. An additional request was made for a scooter. The request was made for hydrocodone 10/325 mg every 6 to 8 hours #60 as needed for pain. The Norco was noted to be effective, as it reduced the injured worker's pain to the point where it allowed the injured worker to perform some activities of daily living, and was helpful in providing relief. There was a Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2 times per week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Medical Treatment Guidelines indicate that aquatic therapy is recommended when there is a necessity for reduced weight bearing. The clinical documentation submitted for review failed to provide documentation to support a necessity for reduced weight bearing. There was a lack of documentation indicating the injured worker had a necessity for therapy. There was a lack of documentation indicating the injured worker's response to prior therapy and the quantity of sessions previously attended. Additionally, the request as submitted failed to indicate the body part to be treated with the aquatic therapy. Given the above, the request for aquatic therapy 2 times per week for 4 weeks is not medically necessary.

Hydrocodone/APAP 10/325 mg #60 with 2 units: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; Ongoing management Page(s): 60,78.

Decision rationale: The California Medical Treatment Guidelines indicate that opioids are appropriate for the treatment of chronic pain. There should be documentation of objective functional improvement, objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had decreased pain and ability to perform activities of daily living. However, there was a lack of documentation of objective functional improvement, objective decrease in pain, and documentation the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation

indicating a necessity for 2 refills without re-evaluation. Given the above, the request for Hydrocodone/APAP 10/325 mg #60 with 2 units is not medically necessary.