

Case Number:	CM14-0189173		
Date Assigned:	11/20/2014	Date of Injury:	09/20/2013
Decision Date:	01/08/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/12/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 32-year-old male with a date of injury of 09/20/2013. The listed diagnoses are: 1. Hamstring strain. 2. Hamstring injury. 3. Lumbar strain. 4. Low back pain. 5. Hamstring tear. 6. Chronic pain syndrome. 7. Lumbar facet arthropathy. 8. Lumbar DDD. According to progress report 10/24/2014, the patient presents with low back and left hamstring pain. The patient reports that he is "actually improving quite well and feels that aquatic therapy is significantly benefiting him." The patient is able to walk without a limp in the water, and his gait out of water has greatly improved and gotten stronger. The patient is currently utilizing Norco and ibuprofen for pain relief. The patient reports that he "rarely takes them, but when he does they are helping." The patient rates his back pain as 4/10, and hamstring pain a 6- 7/10 without medications. His pain is reduced down to a 2-3/10 with medications. Examination revealed 5/5 right lower extremity strength and 5-/5 left lower extremity strength. DTRs are +2 and symmetric. Sciatic notches are painful to palpation bilaterally. There is tenderness to palpation over the left hamstring, and the left leg range of motion is decreased on all pains with noted pain. The patient's current medication regimen includes Norco 10/325 mg, Motrin 800 mg, Lidoderm patches, and cyclobenzaprine 7.5 mg. The treater recommends patient continues with aqua therapy sessions and pain medications. Utilization review denied the request on 11/04/2014. Treatment reports from 03/11/2014 through 10/24/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL AQUA THERAPY, 1-2 TIMES WEEKLY FOR 6 WEEKS (8 VISITS), LUMBAR 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, 98-99.

Decision rationale: This patient presents with low back and left hamstring pain. The current request is for addition aqua therapy, 1 to 2 times weekly for 6 weeks (8 visits) lumbar spine. Progress report dated 10/24/2014 indicates that this is a request for authorization for "8 more aquatic therapy sessions at Capitol Physical Therapy." MTUS Guidelines page 22 recommends aquatic therapy as an option for land-based therapy in patients that would benefit from decrease weight-bearing such as extreme obesity. For number of treatments, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms, 9 to 10 sessions over 8 weeks. The number of completed therapy visits to date and the objective response to therapy were not documented in the medical reports submitted for this request. The utilization review indicates that the claimant has completed 6 aquatic therapy sessions to date. Although the patient may benefit from aquatic therapy due to patient's hamstring tear, the treater has recommended aqua therapy for the "lumbar spine." The treater has not discussed the need for weight-reduced exercises or extreme obesity to qualify the patient for water therapy. Furthermore, the treater's request for additional 8 sessions along with the 6 sessions already received exceeds what is recommended by MTUS. The request is not medically necessary.

MOTRIN 800MG, #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain , Anti-inflammatory medications Page(s): 60, 61, 22.

Decision rationale: This patient presents with low back and left hamstring pain. The current request is for Motrin 800 mg #90 (1 tablet every 6 hours p.r.n.). For antiinflammatory medications, the MTUS Guidelines page 22 states, "Antiinflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume but long term use may not be warranted." Medical records indicate the patient has been utilizing Motrin for pain and inflammation since at least 3/11/14. The treater provides before and after pain scales to document a decrease in pain with medications, which include Norco and Motrin. Given the documented efficacy of this medication, the request is medically necessary.

REFILLS FOR NORCO 10/325MG, #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 76-78.

Decision rationale: This patient presents with low back and left hamstring pain. The current request is for refills for Norco 10/325 mg #90 (1 p.o. daily to b.i.d. p.r.n.). The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Report 3/11/14, notes a decrease in pain from 6-7/10 to 1-2/10 with medications. The patient mentions that the pain is "better" with resting, PT and medications. Reports 5/22/14, 6/26/14 and 9/11/14 also provide before and after pain scales to denote decrease in pain with medication. It was noted that the patient is tolerating medications well and the patient feels that "current regiment manages his pain and allows him to work and be mobile." Report 10/24/14 notes that "medications will provide significant relief and allow him improved functional mobility." CURES and multiple UDS are on file, which are "consistent to what he is taking." The patient is currently working full-time with modifications. In this case, the treater has provided adequate documentation for opiate management. Records show monthly pain scales that denote decrease in pain and the patient is working full time and able to stay mobile with medications. The patient is tolerating medications well and CURES and UDS are provided. The request is medically necessary.