

<b>Case Number:</b>	CM14-0190754		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	04/29/2009
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of April 29, 2009. In a Utilization Review Report dated October 14, 2014, the claims administrator denied a request for six sessions of aquatic therapy, denied a request for Celebrex, and partially approved a request for Remeron. The claims administrator stated that its decision was based on a September 3, 2014 office visit. The claims administrator contended that the applicant had failed to demonstrate improvement with earlier aquatic therapy. The claims administrator partially approved Remeron on the grounds that a partial approval would suffice to afford the attending provider an opportunity to demonstrate improvement with ongoing usage of the same. The applicant's attorney subsequently appealed. In a September 3, 2014 progress note, the applicant reported persistent complaints of low back, neck, and bilateral lower extremity pain with ancillary complaints of dizziness, insomnia, and depression. The applicant stated that his pain and depression were impacting his ability to interact with others and were mildly impacting his enjoyment of life. The applicant was not working, it was acknowledged. The applicant exhibited upper and lower extremity strength ranging from 4-5/5. The applicant was described on two occasions as using a cane to move about. Six sessions of aquatic therapy, Celebrex, Remeron, Prozac, and Prilosec were endorsed. It was acknowledged that the applicant was not working and had been off of work since April 29, 2009. In a progress note dated April 2, 2014, the applicant reported persistent complaints of headaches, neck pain, upper back pain, and lower back pain. The applicant was not working, it was acknowledged. The applicant was using a cane to move about. Four trigger point injections and two occipital nerve blocks were performed while the applicant was given refills of Celebrex, Remeron, Prozac, and Prilosec. The applicant was off of work, it was acknowledged. The applicant rated his depression as 8/10, with 10 being

the most severe. In a medical-legal evaluation of March 23, 2011, the applicant acknowledged that he had not returned to work for several years. The applicant had multifocal complaints of neck, back, and lower extremity pain. The applicant was on Naprosyn, omeprazole, and an unspecified sleep medication. The medical-legal evaluator did conduct a comprehensive survey of records which suggested that the applicant had had extensive prior physical therapy over the course of the claim. There was, however, no explicit mention of the applicant's having had earlier aquatic therapy. On February 6, 2014, the applicant reported persistent complaints of neck, upper back, and lower back pain. The applicant was not working. The applicant was using a cane to move about. Twelve sessions of aquatic therapy, Celebrex, Remeron, Prozac, and Prilosec were endorsed while the applicant was kept off of work.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **6 aquatic therapy sessions for cervical & lumbar spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy topic; Functional Restoration Approach to Chronic Pain Management section; MTUS.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weightbearing is desirable, this recommendation, however, is qualified by commentary on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, the applicant has had previous unspecified amounts of aquatic therapy over the course of the claim. Twelve sessions of aquatic therapy were sought on February 5, 2014, the requesting provider acknowledged. The claims administrator posited that the applicant was first asked to pursue aquatic therapy in February 8, 2012. Thus, the available evidence on file points to the applicant's having received previous aquatic therapy. The applicant has, however, failed to respond favorably to the same. The applicant remains dependent on a cane to move about. The applicant remains dependent on various and sundry analgesic and adjuvant medications, including Celebrex, Remeron, etc. The applicant remains dependent on various interventional procedures, including occipital nerve blocks, trigger point injections, etc. As noted previously, the applicant has failed to return to work. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite prior unspecified amounts of aquatic therapy over the course of the claim. Therefore, the request for additional aquatic therapy is not medically necessary.

#### **Celebrex 200mg #60 with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications topic; Functional Restoration Approach to Chronic Pain Management s.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex are recommended in applicants who are at heightened risk for gastrointestinal complications, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, there has been no clear discussion of medication efficacy. The applicant is off of work, on total temporary disability, has not worked for over six years. The applicant was consistently described on several office visits, referenced above, as exhibiting pain complaints and depressive symptoms ranging from 5-8/10. The applicant was having difficulty ambulating, it was further noted on multiple other occasions throughout 2014. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Celebrex. Therefore, the request was not medically necessary.

**Remeron 15mg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402,Chronic Pain Treatment Guidelines Anti-depressants.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it often takes "weeks" for antidepressants such as Remeron to exert their maximal effect, in this case, however, the applicant has been using Remeron for what appears to be a minimum of several months to several years. The attending provider's progress notes did not outline any significant improvements in mood and/or function achieved as a result of ongoing Remeron usage. The applicant continued to report severe symptoms of depression, 8/10, on multiple office visits throughout 2014, including on April 2, 2014 and on September 3, 2014. The applicant's present symptoms were impacting his ability to interact with others and was interfering with his ability to work, it was acknowledged on several progress notes, including on September 3, 2014. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing Remeron usage. Therefore, the request was not medically necessary.