

Case Number:	CM14-0200952		
Date Assigned:	12/11/2014	Date of Injury:	10/31/2012
Decision Date:	01/30/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/01/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 55-year-old woman who sustained a work-related injury on October 31, 2012. Subsequently, she developed chronic neck pain. MRI of the cervical spine dated April 29, 2011 showed multilevel disc bulging and spondylosis. There may be mild anterior cord contact at C4-5 and C5-6. MRI of the cervical spine dated November 8, 2012 showed mild multilevel cervical spondylosis, minimal grade I C4-5 and C5-6 spondylolisthesis. According to the progress report dated October 10, 2014, the patient reported neck pain and impaired mobility. She described her neck pain as a constant aching pain. She reported that she was having a burning sensation down her left arm. She reported that she continued to have muscle spasms. She reported that her pain was better with rest, traction, acupuncture, TENS unit, medications, and moist heat. She rated the level of her pain as a 10/10 without medications and 5-7/10 with medications. Objective findings included: strength 5-/5 bilateral upper extremity secondary to pain. Sensation was diminished in left C7-8 dermatomes. Deep tendon reflexes were 1+ and symmetric. Spurling's sign was negative but elicited pain. Tenderness to palpation over the cervical paraspinals, left ISA, upper trapezius, and postero-lateral cervical muscles with related myofascial restrictions and muscle spasms appreciated. Tenderness over the facet joints C2-3, C3-4, C4-5, and C6-7. Range of motion was restricted by pain. The patient was diagnosed with cervical pain, chronic pain syndrome, cervical DDD, cervical spondylosis, depression, cervical radiculitis, cervical facet joint syndrome, and cervical stenosis of spinal canal. The provider requested authorization for Norco, Ultram, and aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg/325mg one (1) Q6-8 Hrs prn #60: Upheld

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): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for a long time without documentation of functional improvement or evidence of improvement of activity of daily living. In addition, the UDS performed on July 18, 2014 was noted to be inconsistent.it tested positive for Buprenorphine. Therefore, the prescription of Norco 10/325 mg is not medically necessary.

Ultram 200 mg tab one (1) qd #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these

outcomes over time should affect therapeutic decisions and provide a framework. Although, Tramadol may be needed to help with the patient pain, there is no clear evidence of objective and recent functional and pain improvement from its previous use. The patient has not been working for over 6 months. There is no clear documentation of the efficacy/safety of previous use of tramadol. There is no recent evidence of objective compliance of the patient with her medications. Therefore, the prescription of Ultram 200 mg #30 is not medically necessary.

Aqua Therapy one to two times a week for eight visits total: Upheld

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

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

Decision rationale: According to MTUS 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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities maybe required to preserve most of these gains. (Tomas-Carus, 2007). There is no clear evidence that the patient is obese or have difficulty performing land based physical therapy or the need for the reduction of weight bearing to improve the patient ability to perform particular exercise regimen. There is no documentation for a clear benefit expected from Aquatic therapy. Therefore the prescription of aquatic therapy is not medically necessary.