

<b>Case Number:</b>	CM14-0207887		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	10/20/2010
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 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:

This is a patient with a date of injury of 10/20/10. A utilization review determination dated 12/8/14 recommends non-certification of self-directed pool therapy, Opana ER, Robaxin, and Phenergan. 11/13/14 medical report identifies low back pain with radicular symptoms. He pays out of pocket for self-directed pool therapy in a gym. He finds it difficult to do land-based therapies for any significant amount of time. Opana and Norco bring pain from 9/10 to 3/10. This allows him to be more functional and he is able to take care of household chores and personal hygiene, do a little bit of exercise, and go to the gym to do pool therapy and light workouts on a treadmill. He does not have any significant side effects, but does get some itching and occasional nausea from medications, although he tolerates them well overall. He only gets medications from the provider, has a signed pain contract, and UDS have been consistent. Phenergan provides help with occasional nausea and Benadryl helps with the itching. On exam, there is antalgic gait and lumbar spine tenderness. The provider recommended Opana ER, with a second prescription not to be filled until 12/13/14, Norco, Robaxin, Phenergan #60, 6 months of self-directed pool therapy, and chiropractic treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Self Directed Pool Therapy (Months): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Memberships

**Decision rationale:** Regarding request for self-directed pool therapy, it appears that the request is for a membership to a gym for the purpose of utilizing the pool. Chronic Pain Medical Treatment Guidelines state that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. ODG states the gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be a risk of further injury to the patient. Within the documentation available for review, while it is noted that the patient has difficulty with land-based exercises, there is no indication that the patient has failed a home exercise program utilizing appropriate exercises with periodic assessment and revision. Additionally, it does not appear that medical professionals will be overseeing the gym exercise program. In the absence of such documentation, the currently requested self-directed pool therapy is not medically necessary.

**Opana ER 15 mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80, 81, 82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Opana ER, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain and no aberrant use is detected. The patient does have some side effects, but they are said to be overall tolerable. In light of the above, the currently requested Opana ER is medically necessary.

**Opana ER 15 mg for 12/13/14:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80, 81, 82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Opana ER, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain and no aberrant use is detected. The patient does have some side effects, but they are said to be overall tolerable. In light of the above, the currently requested Opana ER is medically necessary.

**Robaxin 750 mg (dispensed 11/13/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for Robaxin, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, it does not appear that this sedating muscle relaxant is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Robaxin is not medically necessary.

**Phenergen 25 mg (dispensed 11/13/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Antiemetics (for Opioid Nausea)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Antiemetics (for opioid nausea)

**Decision rationale:** Regarding the request for Phenergan, California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. ODG states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. Within the documentation available for review, it is noted that the medication is for the management of opioid nausea, which is not supported by the guidelines. In light of the above issues, the currently requested Phenergan is not medically necessary.