

<b>Case Number:</b>	CM15-0103969		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	05/06/2005
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 53-year-old female, who sustained an industrial injury on 5/6/2005. She reported neck and low back pain. The injured worker was diagnosed as having status post lumbar fusion, lumbar radiculitis, and cervical degenerative disc disease. Treatment to date has included medications, epidurals, facet blocks, and radiofrequency ablation. The request is for Norco, and aquatic therapy. On 2/26/2015, she is seen for an initial pain management evaluation. She complained of constant neck pain with radiation into the upper trapezial region bilaterally, and low back pain with radiation into the left lower extremity down to the bottom of her foot. She also complained of weakness in her thighs. She indicated that morphine sulfate 30mg is the only thing that helps her pain, and that she takes this along with Norco. She reported utilizing Norco up to 2-3 times per day along with a muscle relaxant when she is very uncomfortable, and that there are days when Norco does not help. She has indicated that the various forms of spinal injections she has received for her pain have not provided long lasting relief, and she does not really want to have any more of them. She reported having had significant improvement with aquatic therapy, and was able to reduce her use of Norco. Physical findings revealed tenderness and decreased range of motion to the neck, and low back. The treatment plan included: Butrans patch, magnetic resonance imaging of the lumbar spine, spinal injections, Gabapentin, and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy: twelve (12) sessions (three times four): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy #12 sessions (three times a week times four weeks) is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, 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. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnoses are disc bulge cervical spine with left sided C6 radiculopathy; and disc bulge lumbar spine status post L3 & L4 fusion with left-sided S-1 radiculopathy. The documentation from a May 6, 2015 progress note states the injured worker had prior aquatic therapy and received significant improvement from aquatic therapy. The total number of aquatic therapy sessions is not documented and the timeframe is not documented. There were no progress notes in the medical records from prior aquatic therapy. Subjectively, the injured worker has neck and back pain. Objectively, there is decreased range of motion with tenderness and spasm. There is no documentation indicating reduced weight bearing is desirable. There is no documentation of extreme obesity or weights in the medical record. Consequently, absent clinical documentation with the clinical indication and rationale for aquatic therapy with reduced weight bearing, evidence of objective functional improvement with prior aquatic therapy, total number of aquatic therapy sessions to date, aquatic therapy # 12 sessions (three times a week times four weeks) is not medically necessary.

**Norco 10-325mg #90 for pain: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg #90 for pain is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest

possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are disc bulge cervical spine with left sided C6 radiculopathy; and disc bulge lumbar spine status post L3 & L4 fusion with left-sided S-1 radiculopathy. The documentation from a February 26, 2015 pain management progress note shows the injured worker is taking Norco 10/325mg, Morphine sulfate, Ativan 1 mg, sumatriptan, Voltaren 1%gel, Maxalt, and cyclobenzaprine. The requesting physician's sole progress note dated May 6, 2015 does not contain a start date for Norco. Subjectively, the injured worker complains of an exacerbation of neck and back pain. Objectively, there is decreased range of motion with tenderness and spasm. There is no documentation indicating objective functional improvement with ongoing Norco. There were no risk assessments in the medical record. There are no detailed pain assessments in the medical record. Consequently, absent clinical documentation with follow-up progress note documentation and objective functional improvement to support ongoing Norco, risk assessments and detailed pain assessments, Norco 10/325mg #90 for pain is not medically necessary.