MAXIMUS Federal Services

Case Number:	CM15-0104040		
Date Assigned:	06/08/2015	Date of Injury:	01/27/2004
Decision Date:	07/10/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 63-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 27, 2004. In a Utilization Review report dated May 27, 2015, the claims administrator failed to approve requests for Norco and 12 sessions of aquatic therapy. The claims administrator referenced a May 19, 2015 RFA form and associated progress notes of May 4, 2015 and May 15, 2015 in its determination. The applicant's attorney subsequently appealed. In a RFA form dated May 15, 2015, Norco, Daypro, and 12 sessions of physical therapy were endorsed. In an associated progress note dated May 4, 2015, the applicant reported 7-8/10 low back pain complaints, exacerbated by walking for greater than 5 to 10 minutes continuously. The applicant reported poor sleep and declined in its ambulatory capacity. The applicant is using a cane to move about, it was acknowledged. The patient is using six tablets of Norco daily, it was reported. The applicant had undergone earlier failed lumbar spine surgery, it was stated. The applicant exhibited lower extremity strength ranging from 4+ to 5/5. Norco, 12 sessions of aquatic therapy, and permanent work restrictions were renewed. The applicant was currently retired, it was stated. In an earlier note dated January 2, 2015, the attending provider noted that the applicant's chronic pain complaints were limiting his ability to function on a day-to-day basis. The applicant was using a cane to move about. The applicant reported difficulty bending and/or getting in and out of his car. The applicant also reported difficulty driving for lengthy amount of times. The applicant was apparently using a cane at this point, it was reported. 180 tablets of Norco were renewed. On March 2, 2015, the attending provider again stated that the applicant had a hard time bending, putting on his shoes

and socks, driving, getting dressed, etc., owing to his constant pain complaints. On November 3, 2014, the applicant stated that Norco was "not helping." The applicant was again described as exhibiting an antalgic gait. The applicant had apparently failed to return to work following the previous failed spine surgeries, it was reported. The remainder of the file was surveyed. There is no documentation of any physical therapy or aquatic therapy progress notes on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg times180 1 Tablet Po Q Hs: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant had failed to return to work, it was acknowledged above. The applicant was having difficulty performing activities of daily living as basic as getting dressed, bending, squatting, stooping, ambulating, etc., it was reported on multiple office visits, referenced above. The applicant continued to report pain complaints as high as 7-8/10 on May 4, 2015. The applicant himself acknowledged on November 3, 2014 that Norco was "not helping." All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy and Norco. Therefore, the request was not medically necessary.

Physical therapy with aquatic pool therapy 12 visits: Overturned

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: Conversely, the request for 12 sessions of aquatic therapy was medically necessary, medically appropriate, and indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable. Here, the applicant did appear to exhibit difficulty weight bearing on multiple office visits, referenced above, including on the May 4, 2015 progress note at issue. The applicant was apparently using a cane to move about at that point in time. The applicant was having difficulty ambulating. The applicant's ambulatory status was progressively declining. The treating provider reported on that

date, apparently a function of worsening lower extremity neurogenic claudications. The 12-session course of aquatic therapy, thus, was indicated on or around the date of the request, May 4, 2015, although it is acknowledged that said course represents treatment slightly in excess of the 8-10 sessions recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the operating diagnosis present here. Therefore, the request was medically necessary.