

Case Number:	CM15-0162806		
Date Assigned:	08/31/2015	Date of Injury:	08/23/2003
Decision Date:	10/09/2015	UR Denial Date:	08/08/2015
Priority:	Standard	Application Received:	08/19/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old female, who sustained an industrial injury on August 23, 2003. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having T11 compression fracture of moderated collapse, cervical disc herniation with degenerative disc disease and facet arthropathy, cervicogenic headaches with frequent migraine headaches, chronic pain syndrome, lumbar disc herniation, reactionary depression and anxiety with associated sleep disturbance, left shoulder sprain and strain syndrome, medication-induced gastritis and dyspepsia with positive Helicobacter pylori infection, right upper extremity C6-7 radiculopathy and right knee internal derangement. Treatment to date has included diagnostic studies, medications, injections, cardiology evaluation, psychological treatment and medication. An epidural steroid injection provided 50% pain relief lasting three months requiring 50% less medication for her lower back. On July 28, 2015, the injured worker complained of pain in her lower back with radiation down to both lower extremities. The pain was rated as high as an 8 on a 1-10 pain scale. She also reported right knee and neck pain. The treatment plan included medication, continuing treatment for depression and anxiety, EGD, treadmill stress test, twenty four hour Holter monitor, follow-up with general internist, aqua therapy and a follow-up visit. A request was made for Norco 10-325mg, twelve sessions of aqua therapy, treadmill stress test and twenty four hour Holter monitor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The 45 year old patient complains of lower back pain, rated at 8/10, radiating to bilateral lower extremities, right knee pain, and neck pain with cervicogenic headaches/migraines, as per progress report dated 07/28/15. The request is for Norco 10/325mg, #180. There is no RFA for this case, and the patient's date of injury 08/23/03. Orthopedic diagnoses included T11 compression fracture of moderate collapse, status post kyphoplasty on 10/09/12; cervical disc herniation with degenerative disc disease and facet arthropathy; cervicogenic headaches with frequent migraine headaches; chronic pain syndrome; lumbar disc herniation; reactionary depression and anxiety with associated sleep disturbance; right wrist internal derangement; left shoulder sprain/strain syndrome; medication-induced gastritis; right upper extremity radiculopathy; and right knee internal derangement. Medications included Fioricet, Norco, Losartan, Atenolol, Protonix, Carafate, Cymbalta, Meclizine, Baclofen, Trazodone, Ambien, Xanax, Wellbutrin and Lamictal. Psychiatric diagnoses, as per progress report dated 07/24/15, included depressive disorder, anxiety disorder, and psychological factors affecting physical condition. Internal medicine diagnoses, as per progress report dated 07/08/15, included cervical disc disease, abdominal pain, GERD, hyper tension, palpitations, irritable bowel syndrome, depression and anxiety. The patient is off work, as per progress report dated 07/24/15. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS page 90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." In this case, a prescription for Norco is noted in progress report 12/10/09. It is not clear when the medication was initiated. As per progress report dated 07/28/15, Norco provides 30-40% relief from pain. The provider also states "without the Norco, she would be bedridden due to her debilitating pain in her neck, lower back and right knee". As per the report, the patient is unable to use NSAIDs due to gastritis. An UDS was performed during the 07/01/15 visit. Another UDS report dated 03/27/15 is also consistent. The provider, however, does not provide specific examples that indicate improvement in function before and after Norco use. In fact, in

progress report dated 07/28/15, the provider states "over the past few weeks, she has been having difficulty performing simple chores around the house including cooking and helping doing laundry". No CURES report is available for review. There is no discussion regarding side effects of Norco as well. MTUS requires a clear documentation regarding impact of Norco on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued use. Given the lack of efficacy, the request is not medically necessary.

Aqua therapy, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: The 45 year old patient complains of lower back pain, rated at 8/10, radiating to bilateral lower extremities, right knee pain, and neck pain with cervicogenic headaches/migraines, as per progress report dated 07/28/15. The request is for aqua therapy, 12 sessions. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 22 and Aquatic therapy section states: Recommended, as an alternative to land-based physical therapy. Specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The guidelines "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine". Patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed. In this case, the provider is requesting for 12 sessions of aquatic therapy in progress report dated 07/28/15. The Utilization Review has modified the request to six sessions. Given the patient's date of injury, it is reasonable to assume that the patient has had some therapy in the past. There is no documentation of efficacy in terms of reduction in pain and improvement in function in recent progress reports. There is no evidence that land-based exercises led to any distress in the past or if the patient underwent aquatic therapy in the past. As per progress report dated 07/08/15, the patient weighs 175 lbs. The report, however, does not mention the patient's height or BMI. There is no diagnoses of obesity. In progress report dated 07/28/15, the provider states "land based exercises can aggravate her ongoing neck, low back and right knee pain". The provider, however, does not explain the reason. Additionally, MTUS only allows for 8-10 sessions of aquatic therapy in non-operative cases. Hence, the provider's request for 12 sessions is excessive and is not medically necessary.

Treadmill stress test: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse Initial Cardiac Testing to Establish Diagnosis of Ischemic Heart Disease.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.mayoclinic.org/tests-procedures/stress-test/basics/definition/prc-20019801.

Decision rationale: The 45 year old patient complains of lower back pain, rated at 8/10, radiating to bilateral lower extremities, right knee pain, and neck pain with cervicogenic headaches/migraines, as per progress report dated 07/28/15. The request is for treadmill stress test. MTUS, ACOEM and ODG guidelines do not discuss the treadmill stress test. As per MayoClinic.com at www.mayoclinic.org/tests-procedures/stress-test/basics/definition/prc-20019801: A stress test, also called an exercise stress test, gathers information about how your heart works during physical activity. Because exercise makes your heart pump harder and faster than usual, an exercise stress test can reveal problems within your heart that might not be noticeable otherwise. The website also states that the provider may recommend this test to diagnose coronary artery disease, heart rhythm problems, and other heart disorders. In this case, the request for stress treadmill test is noted in progress report dated 07/28/15. The provider states the patient's cardiologist recommended the test and also prescribed atenolol for her bradycardia. As per internal medicine report dated 07/08/15, the patient has hypertension, palpitations and unsafe heart rate of 118-130. Given the patient's symptoms, the request appears reasonable and is medically necessary.

Twenty four (24) hour holter monitor: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.aetna.com/cpb/medical/data/1_99/0019.html.

Decision rationale: The 45 year old patient complains of lower back pain, rated at 8/10, radiating to bilateral lower extremities, right knee pain, and neck pain with cervicogenic headaches/migraines, as per progress report dated 07/28/15. The request is for twenty four (24) hour holter monitor. MTUS and ODG Guidelines do not discuss Holter Monitor. Aetna, aetna.com/cpb/medical/data/1_99/0019.html, considers Holter monitoring medically necessary for diagnostic evaluation of members with any of the following symptoms or conditions: As a method to assess treatment effectiveness in individuals with baseline high frequency, reproducible, sustained, symptomatic premature ventricular complexes, supraventricular arrhythmias or ventricular tachycardia; or Autonomic cardiac neuropathy associated with diabetes mellitus; or Idiopathic hypertrophic or dilated cardiomyopathy; or In individuals with pacemakers to assess paroxysmal symptoms, myopotential inhibition, pacemaker medicated tachycardia, anti-tachycardia pacing device functioning, rate-responsive physiologic pacing function; or Individuals with pain suggestive of Prinzmetal's angina; or Post myocardial infarction with left ventricular dysfunction; or Symptoms related to rhythm disturbances (e.g., frequent palpitation, syncope, unexplained dizziness, frequent arrhythmias). Aetna considers Holter monitoring experimental and investigational for all other indications because its effectiveness for indications other than the ones listed above has not been established. In this case, the request for Holter monitor test is noted in progress report dated 07/28/15. The provider states the patient's cardiologist recommended the test and also prescribed atenolol for her bradycardia. As per internal medicine report dated 07/08/15, the patient has hypertension, palpitations and unsafe heart rate of 118-130. Given the patient's symptoms, the request appears reasonable and is medically necessary.

