MAXIMUS Federal Services

Case Number:	CM15-0163040		
Date Assigned:	08/31/2015	Date of Injury:	04/18/2011
Decision Date:	10/15/2015	UR Denial Date:	08/17/2015
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: New York, California
Certification(s)/Specialty: Emergency 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 48 year old male, who sustained an industrial injury on 04-18-2011. The injured worker is currently not working. Current diagnoses include chronic pain, cervical radiculopathy, lumbar disc degeneration, lumbar radiculopathy, obesity, and coccyx pain. Treatment and diagnostics to date has included lumbar epidural steroid injection with relief, physical therapy with limited response for lumbar spine, inferential unit, and medications. In a progress note dated 07-20-2015, the injured worker reported pain in the neck with radiation into left upper extremity, low back with radiation into the left lower extremity, and coccyx areas with the average pain rated a 3 out of 10 on the pain scale with medications and a 6 out of 10 without medications. The physician noted that a cervical spine MRI dated 11-16-2011 showed degenerative disc disease and spondylosis at C5-6 and degenerative disc disease with posterior disc bulge at C6-7. Lumbar spine MRI dated 01-19-2012 was noted to show mild right lateral foraminal disc bulge at L4-5 and a 3.5mm broad based posterior disc bulge at L5-S1. Objective findings included cervical and lumbar spine tenderness with limited range of motion and bilateral positive straight leg raise test. The treating physician reported requesting authorization for aquatic therapy to the lumbar spine, Naproxen, Tramadol ER, and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 times a week for 4 weeks: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Physical therapy (PT).

Decision rationale: According to California MTUS Chronic Pain Medical Treatment 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." Official Disability Guidelines (ODG) Physical Therapy Guidelines allow for 9 visits over 8 weeks for the diagnosis of lumbago. After review of the medical records, there is no documentation that would support the need for aquatic therapy. On the date that aquatic therapy was requested, 10/10/2015, the requesting provider stated "Functional limitations exist which would reduce the effectiveness of land based therapy. It is felt that [redacted] would optimally benefit from the buoyant effect of aquatic therapy due to obesity." The documentation does not discuss what functional limitation the IW has that prevents land base therapy. There is no documentation of the IW weight or BMI. There is no documentation that refers to IW's body habitus. Therefore, based on the Guidelines and the submitted records, the request for Aquatic Therapy is not medically necessary.

Naproxen 550mg #60: 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, "Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis" and is "recommended at the lowest dose for the shortest period in patients with moderate to severe pain". After review of the received medical records, there is no indication that Naproxen is providing any specific analgesic benefits, such as percent pain reduction or reduction in pain level, or any objective functional improvement. In addition, the injured worker has been prescribed an NSAID since at least 08-19-2013. Therefore, based on the Guidelines and submitted medical records, the request for Naproxen is not medically necessary.

Tramadol ER 150mg #30: 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): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: Ultracet is a combination analgesic that contains Tramadol and Acetaminophen. According to California MTUS Chronic Pain Medical Treatment Guidelines, "Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic". The Guidelines also discourage long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The treating physician documents pain improvement with use of medications along with the least reported pain since last assessment, but fails to indicate the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, and objective improvement in function. These are necessary to meet Medical Treatment Utilization Schedule guidelines. In addition, the documentation does not indicate which medication is providing relief. Therefore, based on the Guidelines and the submitted records, the request for Tramadol is not medically necessary.

Gabapentin 600mg #30: 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): Antiepilepsy drugs (AEDs).

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin (Neurontin) is an antiepileptic drug and also referred to as an anticonvulsant. Gabapentin "has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain". After review of the received medical records, there is no indication that the injured worker has a diagnosis of diabetes or post-herpetic neuralgia to demonstrate a need for this particular medication. In addition, the treating physician did not provide adequate documentation of the injured worker's functional response or decreased pain from use of this medication. Therefore, based on the Guidelines and the submitted records, the request for Gabapentin is not medically necessary.