

<b>Case Number:</b>	CM15-0163992		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	11/03/2003
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: North Carolina, Georgia

Certification(s)/Specialty: Family Practice

### 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 59 year old female, who sustained an industrial injury on November 3, 2003 while working as a case records supervisor. The injury was a result of the repetitive motion of pulling files. The injured worker has been treated for neck, left shoulder, bilateral wrists and hands, left elbow and low back complaints. The injured worker was also noted to have had an injury on September 11, 1992, in which she sustained an injury to the left arm and elbow. The diagnoses have included cervical strain, multi-level degenerative cervical spondylosis, left cubital tunnel syndrome, left shoulder impingement, left elbow lateral epicondylitis, left wrist sprain-strain, lumbar radiculopathy, lumbosacral herniated nucleus pulposus with stenosis, cervical radiculopathy and cervical disc bulge. Treatment and evaluation to date has included medications, radiological studies, electrodiagnostic studies, MRI, psychological testing, left shoulder injections, epidural steroid injections, physical therapy, shockwave treatments, transcutaneous electrical nerve stimulation unit, home exercise program, right carpal tunnel release, right ulnar nerve sub-muscular transposition and insertion of a cervical epidural catheter. The injured workers current work status was not identified. Current documentation dated July 14, 2015 notes that the injured worker reported neck pain, which radiated to the bilateral arms in the cervical-six distribution. The pain was rated an 8 out of 10 on the visual analogue scale. The injured worker was noted to have injured her low back. Reports were pending. Examination of the cervical spine revealed a decreased range of motion and a positive Spurling's sign. Sensation was decreased in the right arm and forearm at the cervical-six

distribution. Grip strength was decreased bilaterally, right greater than the left. The treating physician's plan of care included requests for pool therapy (evaluation and treatment) # 12 and Norco 10-325 mg # 180.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Pool therapy (eval and treatment) Qty: 12: 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:** CA MTUS states that aquatic therapy is a reasonable alternative to land based therapy especially in cases where avoidance of the effects of gravity may be beneficial, as in cases of extreme obesity. The medical records in this case document no intolerance of land-based physical therapy. Pool therapy is not medically necessary and the original UR decision is upheld.

**Norco 10/325 mg #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): Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Norco. The request is not medically necessary.