

Case Number:	CM15-0188285		
Date Assigned:	09/30/2015	Date of Injury:	03/16/2002
Decision Date:	11/13/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/24/2015

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 75-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of March 16, 2002. In a utilization review report dated September 3, 2015, the claims administrator partially approved a request for Percocet, denied a urine drug screen, and partially approved a request for 12 sessions of aquatic therapy as 8 sessions of the same. The claims administrator referenced documents dated August 13, 2015, August 3, 2015, and June 12, 2015 in its determination. The applicant's attorney subsequently appealed. On a September 30, 2015 appeal letter, the attending provider appealed denials of Percocet and a urine drug screen. The attending provider contended that the applicant would likely be bedridden without her medications. The attending provider contended that the applicant was able to do dishes, cook meals, and do grocery shopping a few times a week, reportedly achieved as a result of ongoing medication consumption. The attending provider stated that he was retrospectively appealing the previously denied drug screen of August 13, 2015. On September 15, 2015, the treating provider stated that there were "no abnormalities observed" in terms of the applicant's gait and station. Permanent work restrictions were renewed. The treating provider again stated the applicant would likely be bedridden without her medications. It was not clearly stated whether the applicant was or was not working with permanent limitations in place, although this did not appear to be the case. On August 13, 2015, the applicant reported heightened complaints of neck and low back pain, exacerbated by standing, bending, lifting, and any other kind of activity. The attending provider contended that Percocet was diminishing the applicant's pain scores by 30% and again reiterated the applicant

would be bedridden without her medications. Once again, the attending provider reported that there were "no abnormalities observed" in the applicant's gait and station. The treating provider stated that the applicant was moderately obese but did not report the applicant's height, weight, or BMI. Percocet and permanent work restrictions were renewed. The treating provider contended that the applicant was deconditioned and that aquatic therapy might prove beneficial here.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #99: 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.

Decision rationale: No, the request for Percocet, 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's work status was not reported on multiple dates of service, referenced above, suggesting the applicant was not working. While it is acknowledged that the applicant's failure to return to work could very well have represented a function of age-related retirement (age 75) as opposed to a function of the applicant's chronic pain complaints, the treating provider nevertheless failed to outline a meaningful, material, and/or substantive improvements in function achieved as a result of ongoing Percocet usage. The treating provider's commentary to the effect that the applicant would likely be bedridden without her medications did not constitute evidence of a substantive or meaningful benefit derived as a result of ongoing Percocet usage. The treating provider's commentary to the effect that the applicant's ability to cook, do dishes, and the like a few times a week as a result of ongoing medication consumption did not constitute evidence of a meaningful, material, or substantive benefit derived as a result of ongoing Percocet usage. Therefore, the request is not medically necessary.

12 Aquatic therapy treatments: 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: Similarly, the request for 12 sessions of aquatic therapy was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS

Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, here, however, it did not appear the reduced weight bearing was necessarily desirable. The attending provider reported on September 15, 2015 that no abnormalities were observed in the applicant's gait or station. The attending provider likewise reported on August 13, 2015 that there were, once again, no abnormalities observed in the applicant's gait and station. It did not appear that the applicant was an individual in whom reduced weight bearing was necessary or desirable here. Therefore, the request is not medically necessary.