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| <b>Case Number:</b>   | CM15-0189613 |                              |            |
| <b>Date Assigned:</b> | 10/01/2015   | <b>Date of Injury:</b>       | 11/11/2002 |
| <b>Decision Date:</b> | 11/12/2015   | <b>UR Denial Date:</b>       | 09/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/25/2015 |

### 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: 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 injured worker is a 67 year old female, who sustained an industrial injury on 11-11-2002. A review of the medical records indicates that the injured worker is undergoing treatment for osteoarthritis involving the lower leg and carpal tunnel syndrome. On 9-15-2015, the injured worker reported pain in the bilateral knees. The Primary Treating Physician's report dated 9-15-2015, noted the injured worker had lost 16 pounds with chronic cellulitis of the bilateral knees and bilateral knee range of motion (ROM) 0-95, improved since the 6-24-2015 range of motion (ROM) of 0-90. Prior treatments have included Naprosyn, Tylenol #3, Mobic, Prilosec, and a weight reduction program. The treatment plan was noted to include Norco, prescribed since at least 11-14-2014, and aquatic therapy. The injured worker's work status was noted to be permanent and stationary. The documentation provided did not include the injured worker's subjective pain rating, or indication of medication monitoring with a urine drug screen (UDS) or pain management agreement. The request for authorization dated 9-16-2015, requested aquatic rehabilitation sessions, QTY: 12.00 and Norco 5/325mg, QTY: 60.00. The Utilization Review (UR) dated 9-23-2015, denied the request for aquatic rehabilitation sessions, QTY: 12.00 and modified the request for Norco 5/325mg, QTY: 60.00 to approve 54.00.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic rehabilitation sessions, QTY: 12.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Aquatic Therapy.

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

**Decision rationale:** The MTUS Guidelines recommend the use of aquatic therapy as an optional form of exercise therapy as an alternative to land-based therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. Physical medicine is intended to have fading of treatment frequency as the patient replaces guided therapy with a home exercise program. The total number of sessions recommended for neuralgia, neuritis, and radiculitis is 9-10 visits over 4 weeks. In this case, the injured worker is noted to be obese; however, there is evidence of prior aquatic therapy without documentation of functional benefit. Additionally, this request for 12 sessions exceeds the recommendations of the guidelines, therefore, the request for aquatic rehabilitation sessions, QTY: 12.00 is not medically necessary

**Norco 5/325mg, QTY: 60.00: 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, Weaning of Medications.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been prescribed Norco since at least November 2014 without consistent objective documentation of significant pain relief or functional benefit. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 5/325mg, QTY: 60.00 is not medically necessary.