

Case Number:	CM15-0195977		
Date Assigned:	10/09/2015	Date of Injury:	01/15/2002
Decision Date:	11/18/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/05/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 76 year old male with an industrial injury dated 01-15-2002. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease with intractable low back pain, lumbar radiculopathy, depression and insomnia secondary to chronic pain, situational stress and lack of resources. According to the progress note dated 09-10-2015, the injured worker reported "bad pain", unchanged. Analgesia was stable and satisfactory. No aberrant behavior noted. The treating physician reported that the urine drug test and CURE report are consistent with current therapy and injured worker's history. The injured worker denied adverse effects. The injured worker's activity is as tolerated but very limited when he does. Pain level score was not included in report. Objective findings (09-10- 2015) revealed clear and cogent, unimpaired by medications, good eye contact, and depressed affect. Treatment has included prescribed medications, trial of 8 sessions of aquatic therapy between 07-27-2015 and 09-13-2015 and periodic follow up visits. The treatment plan included medication management, aqua therapy and follow up visit. Medical records indicate that the injured worker has been on MS Contin and Gabapentin since at least 2014. A review of medical documentation indicates use of opioids without significant evidence of functional improvement or significant decrease in pain. The treating physician prescribed MS Contin 15 mg #90, Gabapentin 400 mg #90 with 6 refills, and additional 8 aqua therapy sessions. The utilization review dated 09-17-2015, non-certified the request for MS Contin 15 mg #90, Gabapentin 400 mg #90 with 6 refills, and 8 aqua therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15 mg #90: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, MS Contin 15 mg #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar degenerative disc disease with intractable low back pain; lumbar radiculopathy; depression secondary to chronic pain; insomnia secondary to chronic pain; and situational stress. Date of injury is July 15, 2002. Request for authorization is September 11, 2015. According to a January 9, 2014 progress note, current medications include MS Contin and Lyrica. According to a February 18, 2014 progress note, the documentation states refill gabapentin. There is no further documentation of Lyrica or a clinical rationale for gabapentin. According to a July 27, 2015 progress note, the documentation states the injured worker has not received physical therapy for some time. The injured worker is deconditioned. There is no past physical therapy or documentation of failed land based physical therapy. The treating provider is requesting aquatic therapy. There is no clinical rationale for aquatic therapy in the medical record. According to the most recent progress note dated September 10, 2015, subjective complaints include chronic intractable low back pain and lower extremity pain 10/10. Objectively, the injured worker is 5'8" and weighs 220 pounds. There is no musculoskeletal examination or neurologic examination and medical records. The treatment plan includes refills for MS Contin and gabapentin and a request for aquatic therapy. There are no detailed pain assessments or risk assessments. There is no documentation demonstrating objective functional improvement to support ongoing MS Contin. The VAS pain scores are 10/10. There is no documentation indicating an attempt to wean MS Contin. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no detailed pain assessments or risk assessments, no documentation demonstrating objective functional improvement and no documentation showing an attempt to wean MS Contin, MS Contin 15 mg #90 is not medically necessary.

Gabapentin 400 mg #90 with 6 refills: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gabapentin.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 400 mg #90 with 6 refills is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug. In this case, the injured worker's working diagnoses are lumbar degenerative disc disease with intractable low back pain; lumbar radiculopathy; depression secondary to chronic pain; insomnia secondary to chronic pain; and situational stress. Date of injury is July 15, 2002. Request for authorization is September 11, 2015. According to a January 9, 2014 progress note, current medications include MS Contin and Lyrica. According to a February 18, 2014 progress note, the documentation states refill gabapentin. There is no further documentation of Lyrica or a clinical rationale for gabapentin. According to a July 27, 2015 progress note, the documentation states the injured worker has not received physical therapy for some time. The injured worker is deconditioned. There is no past physical therapy or documentation of failed land based physical therapy. The treating provider is requesting aquatic therapy. There is no clinical rationale for aquatic therapy in the medical record. According to the most recent progress note dated September 10, 2015, subjective complaints include chronic intractable low back pain and lower extremity pain 10/10. Objectively, the injured worker is 5'8" and weighs 220 pounds. There is no musculoskeletal examination or neurologic examination and medical records. The treatment plan includes refills for MS Contin and gabapentin and a request for aquatic therapy. According to the utilization review #460950, gabapentin weaning was recommended. Subjective pain scale remains 10/10 through September 10, 2015. There is no documentation demonstrating objective functional improvement. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, a persistently elevated/high pain score, no documentation demonstrating objective functional improvement and utilization review recommendations for gabapentin weaning May 2015, Gabapentin 400 mg #90 with 6 refills is not medically necessary.

8 aqua therapy 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 8 aquatic therapy sessions are not medically necessary. Aquatic

therapy is recommended as an optional form of exercise therapy, 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. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnoses are lumbar degenerative disc disease with intractable low back pain; lumbar radiculopathy; depression secondary to chronic pain; insomnia secondary to chronic pain; and situational stress. Date of injury is July 15, 2002. Request for authorization is September 11, 2015. According to a January 9, 2014 progress note, current medications include MS Contin and Lyrica. According to a February 18, 2014 progress note, the documentation states refill gabapentin. There is no further documentation of Lyrica or a clinical rationale for gabapentin. According to a July 27, 2015 progress note, the documentation states the injured worker has not received physical therapy for some time. The injured worker is deconditioned. There is no past physical therapy or documentation of failed land based physical therapy. The treating provider is requesting aquatic therapy. There is no clinical rationale for aquatic therapy in the medical record. According to the most recent progress note dated September 10, 2015, subjective complaints include chronic intractable low back pain and lower extremity pain 10/10. Objectively, the injured worker is 5'8" and weighs 220 pounds. There is no musculoskeletal examination or neurologic examination and medical records. The treatment plan includes refills for MS Contin and gabapentin and a request for aquatic therapy. There is no clinical indication or rationale for aquatic therapy. There is no documentation of failed land-based physical therapy. There is no documentation indicating reduced weight-bearing is desirable. Based on the clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation of failed land-based physical therapy and no clinical indication or rationale for aquatic therapy, 8 aquatic therapy sessions are not medically necessary.