

Case Number:	CM15-0200898		
Date Assigned:	10/16/2015	Date of Injury:	05/25/2002
Decision Date:	12/21/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/13/2015

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
 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:

This is a 58 year old female who sustained an industrial injury on 5-25-2002. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy, osteoarthritis of the bilateral knees and cubital tunnel syndrome. According to the progress report dated 8-18-2015, the injured worker complained of neck pain radiating down the bilateral upper extremities and low back pain radiating down the bilateral lower extremities. She also complained of upper back pain and bilateral knee pain. She rated her pain as 7 out of 10 with medications and 10 out of 10 without medications. She reported that her pain was unchanged since the last visit. The injured worker reported being largely immobile due to severe pain which led to the development of a deep vein thrombosis (DVT) in the right calf. She was hospitalized for 9 days since the last visit. Per the treating physician (8-18-2015), the injured worker was not currently working. Objective findings (8-18-2015) revealed a slow, antalgic gait. There was spasm noted bilaterally in the trapezius muscles and C3-6 bilaterally in the paraspinous muscles. There was tenderness to palpation in the paravertebral area L4-S1 levels. Range of motion of the lumbar and cervical spines was limited due to pain. Treatment has included lumbar spine fusion, Toradol injection and medications. Current medications (8-18-2015) included Senokot, Butrans patches, Doxepin and Tylenol #3. Norco, Lunesta, Fentanyl patches and Lidocaine patches were discontinued due to non-authorization. The original Utilization Review (UR) (9-18-2015) modified a request for aqua therapy for the lumbar spine from 8 sessions to 4 sessions. Utilization Review denied a request for aqua therapy for the right lower extremity, Butrans patches and Tylenol #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy for the lumbar spine 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

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--Aquatic therapy.

Decision rationale: Both MTUS and ODG recommend Aquatic Therapy 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. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. This injured worker had recent DVT and hospitalization. Based on submitted records Aqua therapy is necessary, however Guidelines allow trial of 3 times a week for 2 weeks. As 8 sessions of aqua therapy exceed the recommendations, the Requested Treatment: Aqua therapy for the lumbar spine 2 times a week for 4 weeks is not medically necessary.

Aqua therapy for the right lower extremity 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

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--Aquatic therapy.

Decision rationale: Both MTUS and ODG recommend Aquatic Therapy 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. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. This injured worker had recent DVT and hospitalization. Based on submitted records Aqua therapy is necessary, however Guidelines allow trial of 3 times a week for 2 weeks. As 8 sessions of aqua therapy exceed the recommendations, the Requested Treatment: Aqua therapy for the lower extremity 2 times a week for 4 weeks is not medically necessary.

Butrans 10mcg patch #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine, Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Butrans (Buprenorphine) is a schedule-III controlled substance. Its mechanism of action is complex, involving four different opioid receptors at central and peripheral sites. It blocks effects of subsequently administered opioid agonists. Butrans is recommended as an option for the treatment of chronic pain in selected patients (not first-line for all patients) including, patients with a hyperalgesic component to pain, patients with centrally mediated pain, and patients with neuropathic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. Topical analgesics are not first line therapy, there is no documentation of failure of antidepressants and anticonvulsants. As per MTUS it is recommended for treatment of opiate addiction. In this injured worker there is no documentation of opiate addiction or detoxification. There is also no documentation of this particular medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication Butrans 10mcg patch #4 is not medically necessary.

Tylenol #3, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Codeine.

Decision rationale: Tylenol with Codeine is a short-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. It is recommended as an option for mild to moderate pain. Codeine is a schedule C-II controlled substance, but codeine with acetaminophen is a C-III controlled substance. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. Medical necessity of the requested item has not been established. The requested treatment: Tylenol #3, #90 is not medically necessary.