

Case Number:	CM15-0208960		
Date Assigned:	10/27/2015	Date of Injury:	11/14/2007
Decision Date:	12/08/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/23/2015

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 was a 64 year old male, who sustained an industrial injury, November 14, 2007. The injured worker was undergoing treatment for lumbar disc displacement without myelopathy, disorders of the sacrum, sciatica and degeneration of the lumbar and lumbosacral disc disease. According to the progress note of July 21, 2015, the injured worker's pain level was 9-10 out of 10 without pain medication and Fentanyl patches reduced the pain to 6 out of 10. According to progress note of September 29, 2015, the injured worker's chief complaint was low back pain. The pain occasionally radiated down the left leg and into the foot. The injured worker rated the pain at 6 out of 10. The injured worker continued to use Fentanyl Patches, which provided reduction of the pain from 9-10 out of 10 down to 6 out of 10. The injured worker had participated in aquatic therapy which the injured worker reported helped the back pain and improved mobility. The injured worker reported the ability to move more quickly and less stiffness. The physical exam noted normal muscle tone of the upper and lower extremities. The injured worker walked with an antalgic gait. The injured worker previously received the following treatments Fentanyl patches 25mcg change every 72 hours since May 26, 2015, aquatic therapy, urine drug screen on May 26, 2015 was negative for any unexpected findings and lumbar spine MRI from 2008. The RFA (request for authorization) dated October 12, 2015; the following treatments were requested 8 session of aquatic therapy for back pain and Fentanyl patches 25mcg change every 72 hours #10. The UR (utilization review board) denied certification on October 19, 2015; for the aquatic therapy 8 sessions and Fentanyl patches 25mcg #10 was modified to Fentanyl patches 25mcg #5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy x 8: 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) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy times eight sessions is 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 degeneration lumbar/lumbosacral disc; lumbar disc displacement without myelopathy; disorders sacrum; and sciatica. Date of injury is November 14, 2007. Request for authorization is dated October 12, 2015. According to a May 26, 2015 progress note, the treating provider prescribed fentanyl 25 g per hour. Urine drug toxicology screen was performed that was consistent for prescribed medications. According to a September 29, 2015 progress note, subjective complaints include back pain that radiates to the left leg and foot. Pain score is 6/10. Aquatic therapy helps. The documentation through September 2015 indicates the injured worker has been receiving aquatic therapy. Objectively, the injured worker's physical examination is unremarkable. The total number of aquatic therapy sessions to date is not specified. There is no documentation demonstrating objective functional improvement to support ongoing aquatic therapy. There are no compelling clinical facts indicating additional aquatic therapy is clinically indicated. Moreover, the injured worker's physical examination is unremarkable. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, and unremarkable physical examination, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional aquatic therapy over the recommended guidelines as clinically indicated, aquatic therapy times eight sessions is not medically necessary.

Fentanyl 25mcg/hr patch #10 (DOS 9/29/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duragesic (fentanyl transdermal system). 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, fentanyl 25 g per hour patch, #10, date of service September 29, 2015 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 degeneration lumbar/lumbosacral disc; lumbar disc displacement without myelopathy; disorders sacrum; and sciatica. Date of injury is November 14, 2007. Request for authorization is dated October 12, 2015. According to a May 26, 2015 progress note, the treating provider prescribed fentanyl 25 g per hour. Urine drug toxicology screen was performed that was consistent for prescribed medications. According to a September 29, 2015 progress note, subjective complaints include back pain that radiates to the left leg and foot. Pain score is 6/10. Aquatic therapy helps. The documentation through September 2015 indicates the injured worker has been receiving aquatic therapy. Objectively, the injured worker's physical examination is unremarkable. The documentation does not demonstrate objective functional improvement to support ongoing fentanyl 25 g. There are no detailed pain assessments or risk assessments. The pain score has remained elevated at 6/10 from June 2015 through the present. There is no documentation reflecting an attempt to wean fentanyl. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no attempt to wean fentanyl, no documentation demonstrating objective functional improvement and no detailed pain assessments or risk assessments, fentanyl 25 g per hour patch, #10, date of service September 29, 2015 is not medically necessary.

Urine drug screen (DOS 9/29/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug screen (DOS: September 29, 2015) is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant

drug-related behavior, there is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. In this case, the injured worker's working diagnoses are degeneration lumbar/lumbosacral disc; lumbar disc displacement without myelopathy; disorders sacrum; and sciatica. Date of injury is November 14, 2007. Request for authorization is dated October 12, 2015. According to a May 26, 2015 progress note, the treating provider prescribed fentanyl 25 g per hour. Urine drug toxicology screen was performed that was consistent for prescribed medications. According to a September 29, 2015 progress note, subjective complaints include back pain that radiates to the left leg and foot. Pain score is 6/10. Aquatic therapy helps. The documentation through September 2015 indicates the injured worker has been receiving aquatic therapy. Objectively, the injured worker's physical examination is unremarkable. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. The urine drug toxicology screen dated May 26, 2015 was consistent for the declared medications. There is no clinical indication or rationale for repeating the urine drug toxicology screen five months after a consistent urine drug screen in the absence of aberrant drug-related behavior for other high-risk conduct. Based on the clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation of aberrant drug-related behavior, drug misuse or abuse and no clinical indication or rationale for repeating the urine drug screen absent other high-risk behavior, urine drug screen (DOS: September 29, 2015) is not medically necessary.