

<b>Case Number:</b>	CM15-0021944		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	03/22/2011
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 46 year old female, who sustained an industrial injury on March 22, 2011. She has reported injury to the lower back, left ankle and right hip. The most current diagnoses have included lumbar discopathy and left ankle pain, resolved. Treatment to date has included diagnostic studies, medication, physical therapy, chiropractic treatment and massage. The physical therapy, chiropractic treatment and massage were noted to benefit her. Currently, the injured worker complains of chronic pain of the lumbar spine that radiates to the right lower extremity with numbness and tingling of the first and second toes on the right. The pain is reduced with activities, rest, physical therapy and medication. She also complains of right hip pain that worsens with walking and standing. Her left ankle symptoms are resolved. On December 16, 2014, Utilization Review non-certified aquatic therapy 2x week for 4 weeks and Celebrex 200mg once daily, noting the CA MTUS/Chronic Pain Medical Treatment Guidelines. Utilization Review modified the request for Norco 10/325mg one every six hours as needed to Norco 10/325mg #60, noting the CA MTUS Guidelines. Utilization Review modified the request for Ambien 10mg one before bed as needed to Ambien 10mg #30, noting Non-MTUS and Official Disability Guidelines. On December 19, 2014, the injured worker submitted an application for Independent Medical Review for review of Norco 10/325mg one every six hours as needed, Ambien 10mg one before bed as needed, aquatic therapy 2x week for 4 weeks and Celebrex 200mg once daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy; eight (8) sessions (2 times per week for 4-weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy and Physical Medicine Page(s): 22, 98-99.

**Decision rationale:** The patient presents with injury to the lower back, left ankle, and right hip. The current request is for Aquatic therapy; eight (8) sessions (2 times per week for 4-weeks). The treating physician states, in a report dated 11/05/14, "Aq P.T. 2/wk for 4 wks." The MTUS guidelines state: Recommended 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. In this case, based on the records available for review, there is no documentation of extreme obesity, why aquatic physical therapy is needed or why the patient hasn't been transitioned to a home exercise program following prior physical therapy treatment. The patient has received an unspecified number of prior physical therapy sessions and the requested 8 sessions would exceed the MTUS recommendation of 8-10 sessions for myalgia and neuritis type conditions. The current request is not medically necessary and the recommendation is for denial.

**Celebrex 200mg, one daily: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 30, 60.

**Decision rationale:** The patient presents with injury to the lower back, left ankle, and right hip. The current request is for Celebrex 200mg, once daily. The treating physician states, in a report dated 10/30/14, "Celebrex 200mg #30, one tablet daily for inflammation." (97B) The MTUS guidelines state: Celebrex is the brandname for celecoxib, and it is produced by Pfizer. Celecoxib is a non-steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. In this case, the treating physician has documented inflammation and, in a report dated 11/05/14, Lower Back Pain. However, in the records available for review, there is no documentation on the course of treatment and the patient's response and functional improvement with medication usage as required in MTUS on page 60. The current request is not medically necessary and the recommendation is for denial.

**Norco 10/325mg, one q6h prn: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient presents with injury to the lower back, left ankle, and right hip. The current request is for Norco 10/325mg, one q6h prn. The treating physician states, in a report dated 10/30/14, "Norco 10/325 #120, one tablet every six hours as needed for pain." (97B). The MTUS guidelines state: Indicated for moderate to moderately severe pain. Note: there are no FDA-approved hydrocodone products for pain unless formulated as a combination. MTUS pages 88, 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). In this case, the treating physician, apart from passing mention of "constant chronic pain some relief with reduced activities, rest, physical therapy and medication" has failed to show medication efficacy per the MTUS guidelines. The MTUS guidelines require much more thorough documentation of the 4 A's to support ongoing opioid usage. The physician has not documented before and after pain scales, there is no discussion of functional improvements and improved ADLs and there is no discussion of side effects or aberrant behaviors. The current request is not medically necessary and the recommendation is for denial.

**Ambien 10mg, one hs prn:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, and Mosby's Drug Consult, Zolpidem Tartrate.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Ambien® (zolpidem tartrate).

**Decision rationale:** The patient presents with injury to the lower back, left ankle, and right hip. The current request is for Ambien 10mg, one hs prn. The treating physician states, in a report dated 10/30/14, "Ambien for sleep." Ambien (zolpidem) is not addressed in the MTUS guidelines. The ODG guidelines state: Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days). In this case, the treating physician, based on the records available for review, has failed to document the effects of prior Ambien usage and there are no complaints or diagnosis of sleep disorder. Additionally, Ambien has been prescribed for long term usage since 10/07/14, with no documentation of insomnia or trouble sleeping and the medication is only recommended for very short term usage. The current request is not medically necessary and the recommendation is for denial.