MAXIMUS Federal Services

Case Number:	CM15-0027645		
Date Assigned:	02/27/2015	Date of Injury:	09/18/2013
Decision Date:	04/07/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/13/2015

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: California
Certification(s)/Specialty: Family Practice

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 55 year old male, who sustained an industrial injury on September 18, 2013. He has reported right hip and knee pain. The diagnoses have included right femur fracture, chronic pain, gait abnormality, and lower back pain. Treatment to date has included medications, surgeries, use of a front wheeled walker, home exercise, physical therapy, and cognitive behavioral therapy. Medications include Vistaril, Endocet 5 mg t.i.d. and Protonix. A progress note dated January 15, 2015 by the injured worker's pain management specialist indicates a chief complaint of more pain of the right hip and knee. Physical examination noted the injured worker to be depressed, with decreased movement of the right hip and knee. It is also noted that a list of orthopedic surgeons has been presented to the injured worker for his ongoing hip pain. The pain management specialist notes that the long term goal is to get the injured worker off the opioids. The treating physician requested twelve sessions of aquatic therapy and prescriptions for Endocet 5/325 mg x 90 with 4 refills and Motrin 800 mg x 90 with 4 refills. On January 28, 2015 Utilization Review partially certified the request for aquatic therapy to a total of nine sessions only, and partially certified the request for a prescription for Motrin with an adjustment to one refill only. Utilization Review denied the request for a prescription for Endocet. The California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines and Official Disability Guidelines were cited in the decisions. On February 13, 2015, the injured worker submitted an application for IMR of a request for twelve sessions of aquatic therapy and prescriptions for Endocet 5/325 mg x 90 with 4 refills and Motrin 800 mg x 90 with 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Aquatic Therapy for the Low Back, Right Hip and Knee: Upheld

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

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

Decision rationale: According to the MTUS guidelines, aquatic therapy is 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. For recommendations on the number of supervised visits, see Physical medicine. The Physical Medicine section of the MTUS guidelines recommend up 10 sessions of therapy. The medical records indicate that a modification has been rendered in Utilization Review and 9 sessions of aquatic therapy has been certified. The request for 12 sessions exceeds the amount recommended by the MTUS and modification cannot be rendered in this review. As such, the request for 12 Sessions of Aquatic Therapy for The Low Back, Right Hip and Knee is not medically necessary.

Endocet 5-325 MG #90 with 4 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines , Pain Chapter, Hydrocodone, Oxycodone.

Decision rationale: According to the MTUS guidelines, short-acting opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The MTUS guidelines do not support the chronic use of opioids for chronic non-malignant pain. In this case, the injured worker is status post multiple hip surgeries and is pending additional orthopedic work up . The injured worker has severe pain and is unable to function. The pain management specialist has noted that the long term goal is to discontinue opioids. There is no evidence of opioid abuse, and while the request for Percocet would be supported in the interval the injured worker awaits an orthopedic consultation, the request for 4 refills cannot be supported. Percocet is a Schedule II controlled substance and as noted in ODG, Schedule II drugs can be dispensed only by prescription, and no refills are allowed. The request for Endocet 5-325 MG #90 with 4 Refills is therefore not medically necessary.

Motrin 800 MG #90 with 4 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 21-22.

Decision rationale: According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The request for Motrin is for 4 refills, and modification has already been rendered to allow this medication with one refill. In addition, the injured worker is being prescribed Protonix which would indicate the injured worker is at risk for gastrointestinal events. The long term use of non-steroidal anti-inflammatories is associated with increased gastrointestinal adverse effects. Modification has been rendered on Utilization Review to allow this medication with one refill. Modification cannot be rendered in this review. The request for Motrin 800 MG #90 with 4 Refills is therefore not medically necessary.