

Case Number:	CM15-0210898		
Date Assigned:	10/29/2015	Date of Injury:	06/11/2005
Decision Date:	12/16/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/27/2015

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: 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:

This 62 year old man sustained an industrial injury on 6-11-2005. Diagnoses include lumbosacral spondylosis without myelopathy or radiculopathy and lumbar intervertebral disc degeneration. Treatment has included oral and topical medications including Lyrica, Methocarbamol, Morphine Sulfate ER, Senna, Norco, Fentanyl patch, and Amitriptyline, physical therapy, chiropractic care, epidural steroid injections, and facet blocks. Physician notes dated 10-8-2015 show complaints of chronic low back pain with depression and anxiety secondary to pain. The worker rates his pain 10 out of 10 without medication and 7 out of 10 with medications. The physical examination shows an antalgic gait. Recommendations include aquatic therapy, Ambien, Morphine Sulfate ER, urine drug screen, trial Ambien, and follow up in four weeks. Utilization Review denied requests for Ambien and urine drug screen and modified a request for aquatic therapy on 10-22-2015.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

Decision rationale: The patient presents with chronic low back pain. He continues to report significant depression and anxiety secondary to pain. The request is for 12 sessions of aquatic therapy. The request for authorization form is dated 10/15/15. Patient's diagnoses include spondylosis lumbosacral; degeneration lumbar. He has undergone physical therapy, chiropractic treatment, multiple trials of epidural steroid injection and facet blocks, all without significant improvement. Patient's medications include Lyrica, Methocarbamol, Morphine Sulfate, Senna, Norco, Fentanyl, and Amitriptyline. Per progress report dated 10/08/15, the patient is permanent and stationary with permanent disability. MTUS, Aquatic Therapy Section, page 22 states: "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." MTUS, Physical Medicine Section, pages 98-99 state: "Allow for fading of treatment frequency-from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy: 24 visits over 16 weeks." Per progress report dated 10/08/15, treater's reason for the request is "to help with strengthening his core muscles. We do feel he would benefit more from aquatic therapy given the fact that his back pain increases with minimal activity." In this case, there is no indication the patient to be extremely obese, or discussion as to why the patient cannot participate in traditional weight-bearing exercises. Nevertheless, given the patient's condition, a short course of Aquatic Therapy might be indicated. MTUS recommends up to 10 visits of therapy for non post-op conditions. Review of provided medical records show no evidence of prior sessions of Aquatic Therapy. However, the request for 12 sessions of Aquatic Therapy would exceed what is recommended by MTUS guidelines. Therefore, the request is not medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Zolpidem.

Decision rationale: The patient presents with chronic low back pain. He continues to report significant depression and anxiety secondary to pain. The request is for Ambien 10mg #30. The request for authorization form is dated 11/09/15. Patient's diagnoses include spondylosis lumbosacral; degeneration lumbar. He has undergone physical therapy, chiropractic treatment, multiple trials of epidural steroid injection and facet blocks, all without significant improvement. Patient's medications include Lyrica, Methocarbamol, Morphine Sulfate, Senna, Norco,

Fentanyl, and Amitriptyline. Per progress report dated 10/08/15, the patient is permanent and stationary with permanent disability. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008)" Per progress report dated 10/08/15, treater's reason for the request is "before bedtime as needed for insomnia." This appears to be the initial trial prescription for Ambien. ODG guidelines support short-term (7-10 days) use of Ambien for insomnia. However, the treater does not discuss or document Ambien will be used for no longer than 10 days. In this case, the request for Ambien #30 would exceed ODG recommendation and does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

1 Urine drug screen: Overturned

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

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 chapter, under Urine Drug Testing.

Decision rationale: The patient presents with chronic low back pain. He continues to report significant depression and anxiety secondary to pain. The request is for 1 urine drug screen. The request for authorization form is not provided. Patient's diagnoses include spondylosis lumbosacral; degeneration lumbar. He has undergone physical therapy, chiropractic treatment, multiple trials of epidural steroid injection and facet blocks, all without significant improvement. Patient's medications include Lyrica, Methocarbamol, Morphine Sulfate, Senna, Norco, Fentanyl, and Amitriptyline. Per progress report dated 10/08/15, the patient is permanent and stationary with permanent disability. MTUS pg 43, Drug Testing Section states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC, Pain chapter under Urine Drug Testing states: "Patients at "low risk" of addiction/ aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. 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." Treater does not discuss the request. Review of provided medical records show a Urine Drug Screen on 07/06/15. Per UR letter dated 10/22/15, the request was denied based on "no indications of addictive behavior or abuse, no requests for opioid therapy at this time." Per progress report dated 10/08/15, the patient's prescription for Norco 5-325 mg and Morphine Sulfate ER 100 mg were discontinued, but changed to Morphine Sulfate ER 30 mg. In this case, the patient continues with opioid medication management. ODG recommends once yearly random Urine Drug Screen for management of chronic opiate use in low-risk patients. Therefore, the request is medically necessary.

