

<b>Case Number:</b>	CM15-0215575		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	01/14/2015
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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:

The injured worker is a 51 year old male who sustained an industrial injury on 1-14-15. The injured worker reported discomfort in the right shoulder and bilateral lower extremities. A review of the medical records indicates that the injured worker is undergoing treatments for bilateral lower extremity crush injury, bilateral knee contusions, chondromalacia patella right knee, and displaced fracture of the left shaft of the distal tibia. Medical records dated 9-14-15 indicate pain rated at 6 out of 10. Provider documentation dated 9-14-15 noted the work status as temporary totally disabled. Treatment has included magnetic resonance imaging, status post intramedullary nail placement in the left tibia fracture, physical therapy, Tylenol number 3 since a least May of 2015, physical therapy, radiographic studies, Gabapentin since a least May of 2015, Ibuprofen since a least May of 2015, and a right lower extremity brace. Objective findings dated 9-14-15 were notable for bilateral knee and left ankle pain upon palpation. The original utilization review (9-30-15) partially approved a request for 24 Aquatic therapy sessions, Tylenol No.3 30-300 #60 and Ambien 10mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**24 Aquatic therapy sessions: 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): Physical Medicine, Aquatic therapy, and Postsurgical Treatment 2009, Section(s): Knee.

**Decision rationale:** Based on the 09/14/15 progress report provided by treating physician, the patient presents with pain to right shoulder, lumbar and bilateral lower extremities rated 6/10. The patient is status post left tibia and fibular head fractures, left tibia intramedullary nail placement, and 4 compartment fasciotomies left and right, in January 2015. The request is for 24 AQUATIC THERAPY SESSIONS. RFA with the request not provided. Patient's diagnosis on 09/14/15 includes bilateral lower extremity crush injury, bilateral knee contusion, right knee chondromalacia patella, right knee tear or sprain, diabetes mellitus, depression, and insomnia. The patient wears a brace in the right lower extremity and continues to use a wheelchair on an as needed basis. Physical examination on 09/14/15 revealed tenderness to palpation of the bilateral knee and left ankle. Treatment to date has included imaging studies, physical therapy and medications. Patient's medications include Tylenol#3, Gabapentin and Ambien. The patient is temporarily totally disabled, per 09/14/15 report. 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." According to the MTUS, Post-surgical p 24, 25, Knee Chapter, Fracture of tibia and fibula (ICD9 823), Postsurgical treatment (ORIF) recommends: 30 visits over 12 weeks; Postsurgical physical medicine treatment period is 6 months. 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." This patient is no longer within postoperative treatment period. Per 09/14/15 report, treater states "In my last report dated July 9, 2015, I indicated that it was important to understand that this patient was going to require a minimum of 24 sessions of aqua therapy and an additional 24 physical therapy depending on how his body reacts to rehabilitation. It is equally as important that the patient have continuity of care." Treater states in 10/08/15 report that the patient, "is unable to walk without assistance. He is only able to take about 2 steps at most. Patient states aqua therapy had helped decrease swelling in bilateral lower extremity." Per 06/04/15 report, the patient has been authorized 6 sessions of aqua therapy on 05/22/15, and per 09/14/15 report, 3 more sessions have been certified. Given the patient's diagnosis and documented difficulty with ambulation, a short course of aquatic therapy would appear to be indicated. However, the request for additional 24 sessions would exceed what is allowed by MTUS. Therefore, the request is not medically necessary.

**Tylenol No.3 30/300 #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** Based on the 09/14/15 progress report provided by treating physician, the patient presents with pain to right shoulder, lumbar and bilateral lower extremities rated 6/10. The patient is status post left tibia and fibular head fractures, left tibia intramedullary nail placement, and 4 compartment fasciotomies left and right, in January 2015. The request is for TYLENOL NO.3 30/300 #60. RFA with the request not provided. Patient's diagnosis on 09/14/15 includes bilateral lower extremity crush injury, bilateral knee contusion, right knee chondromalacia patella, right knee tear or sprain, diabetes mellitus, depression, and insomnia. The patient wears a brace in the right lower extremity and continues to use a wheelchair on an as needed basis. Physical examination on 09/14/15 revealed tenderness to palpation of the bilateral knee and left ankle. Treatment to date has included imaging studies, physical therapy and medications. Patient's medications include Tylenol#3, Gabapentin and Ambien. The patient is temporarily totally disabled, per 09/14/15 report. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that, "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Treater has cited guidelines without providing a discussion for the request. Tylenol #3 has been included in patient's medications per progress reports dated 07/09/15 and 09/14/15. It is not known when this medication was initiated. Per 10/08/15 report, treater states that patient, "does find temporary pain relief with medication." However, treater has not stated how Tylenol #3 reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that, "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, 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, Zolpidem.

**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:** Based on the 09/14/15 progress report provided by treating physician, the patient presents with pain to right shoulder, lumbar and bilateral lower extremities rated 6/10. The patient is status post left tibia and fibular head fractures, left tibia intramedullary nail placement, and 4 compartment fasciotomies left and right, in January 2015. The request is for AMBIEN 10MG #30. RFA with the request not provided. Patient's diagnosis on 09/14/15 includes bilateral lower extremity crush injury, bilateral knee contusion, right knee chondromalacia patella, right knee tear or sprain, diabetes mellitus, depression and insomnia. The patient wears a brace in the right lower extremity and continues to use a wheelchair on an as needed basis. Physical examination on 09/14/15 revealed tenderness to palpation of the bilateral knee and left ankle. Treatment to date has included imaging studies, physical therapy and medications. Patient's medications include Tylenol#3, Gabapentin and Ambien. The patient is temporarily totally disabled, per 09/14/15 report. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine 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)." Ambien has been included in patient's medications per progress report dated 09/14/15. It is not known when this medication was initiated. ODG recommends Ambien for short-term (7-10 days) treatment of insomnia. Continued use of this medication would not be in accordance with guidelines. In addition, the request for additional quantity 30 would exceed guideline recommendation. Therefore, the request is not medically necessary.