

Case Number:	CM15-0221293		
Date Assigned:	11/16/2015	Date of Injury:	03/22/2012
Decision Date:	12/31/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/10/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 61 year old female sustained an industrial injury on 3-22-12. Documentation indicated that the injured worker was receiving treatment for chronic neck and back pain. Previous treatment included physical therapy, epidural steroid injections and medications. In the only recent PR-2 submitted for review, dated 10-9-15, the injured worker complained of persistent neck and back pain, rated 6 out of 10 on the visual analog scale. The injured worker stated that her pain was alleviated with transdermal medications. Physical exam was remarkable for tenderness to palpation at the occipital insertion of the paraspinal musculature and base of cervical spine, mild tenderness to palpation to the trapezius with cervical spine range of motion: flexion 30 degrees, extension 20 degrees and bilateral rotation 20 degrees, lumbar spine with tenderness to palpation and range of motion: flexion 20 degrees, extension 15 degrees and bilateral tilt 15 degrees, no gross motor weakness in bilateral upper or lower extremities with intact sensation throughout and mild sciatic stretch bilaterally. The injured worker walked with a slightly antalgic gait and could not fully squat due to pain. The injured worker was working. The physician recommended an internal medicine consultation due to internal medicine complaints from the past, eight visits of aqua therapy, eight sessions of acupuncture and medications (Mobic, Omeprazole and Ultracet) and topical compound cream: Flurbiprofen, Diclofenac, Gabapentin and Lidocaine 180g. On 10-30-15, Utilization Review noncertified a request for eight sessions of aqua therapy, twice a week for four weeks, Ultracet 37.5-325mg #60 with one refill and Flurbiprofen, Diclofenac, Gabapentin and Lidocaine 180g.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatherapy, 2x a week for 4 weeks (8 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): Aquatic therapy.

Decision rationale: The injured worker sustained a work related injury on chronic neck and back pain. Previous treatment included physical therapy, epidural steroid injections and medications. The medical records provided for review do not indicate a medical necessity for Aquatherapy, 2x a week for 4 weeks (8 sessions). The MTUS and the Official Disability Guidelines state that aquatherapy is 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. The medical records indicate the injured worker is 5 ft five inches tall, and weighs 175 pounds; therefore, her calculated BMI is 29.12. The records indicate she suffers from low back pain, walks with slight limp, has slight limitations in prolonged sitting, standing and walking. There is no evidence she has problems with the lower limbs that will limit her from weight bearing. Also, although she is overweight, she will not be considered as extremely obese. Therefore, the request is not medically necessary.

Ultracet 37.5/325mg, #60 with 1 refill: 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 Neck and Upper Back Complaints 2004, Section(s): Summary, and Low Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic, Aquatic therapy.

Decision rationale: The injured worker sustained a work related injury on chronic neck and back pain. Previous treatment included physical therapy, epidural steroid injections and medications. The medical records provided for review do not indicate a medical necessity for Ultracet 37.5/325mg, #60 with 1 refill. Ultracet is a medication containing Tramadol, an opioid medication; and Acetaminophen. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is

evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate she had used Tramadol in 2012, but there was no documentation of the outcome of the treatment. Also, the treatment did not follow the MTUS guidelines for either initial treatment (if the prescriber considered this as an initial treatment since it has been so long that she last used the medication), or if he considered it as a maintenance treatment, the treatment did not follow the MTUS guidelines for maintenance treatment. Additionally, the MTUS does not recommend the use of opioids for longer than 2 weeks for the treatment of back, or neck pain. Therefore, the request is not medically necessary.

Flurbiprofen/ diclofenac/ gabapentin/ Lidocaine 10%/10%/10%/ 5%, 180g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The injured worker sustained a work related injury on chronic neck and back pain. Previous treatment included physical therapy, epidural steroid injections and medications. The medical records provided for review do not indicate a medical necessity for Flurbiprofen/ diclofenac/ gabapentin/ Lidocaine 10%/10%/10%/ 5%, 180g. Therefore, the request is not medically necessary. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Neither Flurbiprofen nor gabapentin is recommended. Besides, there is no documentation of failed treatment with either an antidepressant or anticonvulsant.