

Case Number:	CM15-0036010		
Date Assigned:	04/10/2015	Date of Injury:	11/02/1999
Decision Date:	05/15/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/25/2015

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 68-year-old male who reported an injury on 11/02/2009. The mechanism of injury was a fall. Medications included Colace, Cymbalta, morphine sulfate, Nuvigil, Lidoderm 5% patch, Duragesic patch, and Tegaderm patch. Diagnostic studies included a urine drug screen on 10/13/2011, which was consistent for prescribed fentanyl patch and consistent for prescribed morphine; lab work performed on 01/23/2014, which had abnormal values; and a urine drug screen performed on 01/23/2014, which had inconsistent results. Morphine was negative and oxycodone, noroxycodone, oxymorphone and gabapentin were positive. Surgical history included bilateral knee arthroplasties. On 01/22/2015, an appeal letter was written; it noted that the injured worker received morphine quantity #60. The injured worker's opioid load is 270 MED. There was documented symptomatic and functional improvement with the use. There was an error stating that the quantity was 120. Duragesic 100 mcg patch #15 is only indicated in the management of patients who requires continuous opioid analgesic for pain that cannot be managed by other means. As far as physical/aquatic therapy x12, the guidelines recommend a trial for physical therapy for specifically identified musculoskeletal conditions and continued physical therapy with documented objective evidence of functional benefit. In regard to aqua therapy, it is recommended with documentation of patient's intolerance to gravity resisted land based therapy. It was noted that the injured worker had bilateral knee replacements and had been with the clinic since 2010. He has not had back surgery. It was noted the injured worker has functional improvement, appropriate for his level of injury and disability as described in their Quality of Life Scale. Due to pain, the injured worker sleeps less than 4 hours per night;

therefore, his insomnia related sleep disturbance is causing daytime lethargy. Nuvigil is used in order to allow the injured worker to be more productive during the day. The injured worker has functional improvement of appropriate for his level of injury and disability as described in the Quality of Life Scale. The provider stated that the injured worker's opioid load was 240 MED and was reasonable since he was receiving functional improvement and was treated by a pain management specialist. The physical/aqua therapy is for the injured worker's hip pain and that is more buttocks and SI joint pain, the left side and has been bothering him more. The injured worker is asking about water therapy and would like to request more sessions and a combination of gym therapy. He had 3 or 4 sessions that were interrupted due to the pool being worked on. The extension was not authorized. His physical therapist recommended continuing aqua and land based facility access, which would be beneficial. The injured worker had reported benefit, but needs some extra time for rehab. He is morbidly obese, which is a qualifier as the injured worker is intolerant to gravity resistance land based therapy. The Request for Authorization was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate 15 mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 124.

Decision rationale: The request for morphine sulfate 15 mg #120 is not supported. The injured worker has a history of back pain. The California MTUS Guidelines recommend continued use of opioids for treatment of moderate to severe pain with documented functional improvement. The guidelines recommend the daily opioid load is 120 MED. The injured worker's opioid load is 270 MED. There is no documentation of such failed trials. There is lack of documentation noted that the injured worker receives functional benefit from the use of medication. However, there is no quantifiable documentation of improvement. The request does not provide a frequency. The request is not supported. As such, the request is not medically necessary.

Nuvigil 250 mg #240: 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), Pain Chapter, Provigil Section.

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

Decision rationale: The request for Nuvigil 250 mg #240 is not supported. The California MTUS Guidelines does not address. The guidelines recommend the daily opioid load is 120

MED. The injured worker's opioid load is 270 MED. There is no documentation of such failed trials. The Nuvigil 250 mg #60 x3 refills are used to treat excessive sleepiness caused by sleep apnea, narcolepsy or shift work sleep disorder. There is no objective findings noted that validate such symptoms. Furthermore, there is no documentation of symptomatic or functional improvement. There is lack of documentation of a diagnosis of sleep apnea, narcolepsy or shift work disorder. There is lack of documentation of frequency within the request. The request is not medically necessary.

Duragesic patch 100 mcg/hr #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic Page(s): 44, 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 124.

Decision rationale: The request for Duragesic patch 100 mcg/hr #15 is not supported. The injured worker has a history of back pain. The California MTUS Guidelines do not recommended this opioid as a first line therapy and is only indicated in the management of patients who require continuous opioid analgesic for pain that cannot be managed by other means. Guidelines recommend daily opioid load is 120 MED. The injured worker's opioid load is 270 MED. There is lack of documentation of failed trials of other medications. There is lack of documentation of functional improvement from said medication. There is lack of documentation as to the frequency medication is to be used. As such, the request is not medically necessary.

Physical therapy to hip and lumbar spine Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: The request for physical therapy to hip and lumbar spine quantity 12 is not supported. The injured worker has a history of low back pain. California MTUS Guidelines recommend a trial of physical therapy for specifically identified musculoskeletal conditions and continued therapy with documented objective evidence of functional benefit. There is lack of documentation of previous physical therapy or a trial. The medical necessity has not been established. There is lack of documentation as to the frequency the physical therapy is to be used. As such, the request is not medically necessary.

Aqua therapy to hip and lumbar spine Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: The request for aqua therapy to hip and lumbar spine quantity 12 is not supported. The injured worker has a history of back pain. The California MTUS Guidelines recommend aquatic therapy with documentation of patients with intolerance to gravity resistant land based therapy. The provider has also requested physical therapy, which is a land based therapy. There is lack of documentation of failed land based therapy. There is lack of documentation of injured worker's inability to tolerate a gravity resistant therapy program. As such, the request is not medically necessary. There is lack of documentation of the frequency provided within the request.