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| <b>Case Number:</b>   | CM15-0050287 |                              |            |
| <b>Date Assigned:</b> | 03/23/2015   | <b>Date of Injury:</b>       | 04/12/2013 |
| <b>Decision Date:</b> | 05/04/2015   | <b>UR Denial Date:</b>       | 03/09/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/17/2015 |

### 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 58 year old male who sustained an industrial injury on 4/12/13. The injured worker reported symptoms in the neck, shoulders, back and lower extremities. The injured worker was diagnosed as having chronic pain syndrome, neck pain degenerative disc disease cervical, cervical strain, thoracic back pain, and thoracic myofascial strain, lumbar discogenic pain syndrome, lumbar facet joint pain, and lumbar strain, myalgia and limb pain. Treatments to date have included muscle relaxant, oral pain medication, physical therapy, massage therapy, speech therapy. Currently, the injured worker complains of pain in the neck, bilateral shoulders with radiation to the lower extremities. The plan of care was for aqua therapy, medication prescriptions and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional aqua therapy x 10 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy Page(s): 22.

**Decision rationale:** The patient presents with pain and weakness in his neck, lower back and upper/lower extremities. The patient is s/p right knee arthroscopic surgery in 1998. The request is for Additional 10 Sessions of Aqua Therapy. The patient has had aqua therapy, physical therapy, massage therapy, speech therapy, Tens unit and medications. Regarding work statue, the treater states that he is temporarily totally disabled. MTUS page 22 states that 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." In this case, the treater requested "additional aqua therapy because it helped the patient." The treater does not mention how many sessions the patient has had, why the patient needs water therapy. There is no mentioned of a medical need for reduced weight-bearing exercises. The patient is not post-op and MTUS does not support more than 9-10 sessions for this type of condition. The patient should be able to transition into a home exercise program. The request is not medically necessary.

**Tramadol ER 150mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94, 78-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with pain and weakness in his neck, lower back and upper/lower extremities. The request is for Tramadol ER 150MG. Per 02/23/15 progress report, the patient is currently taking Ondansetron, Tramadol and Lisinopril. The patient has been utilizing Tramadol since at least 03/28/14. "Tramadol ER was significantly more effective than placebo in providing pain relief, functional improvements and improved quality of life." 7-10/10 without medication and 7-8/10 with medication." Regarding work statue, the treater states that he is temporarily totally disabled. Regarding chronic opiate use, MTUS guidelines page 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 page 78 also requires documentation of the 4A's, 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. In this case, the treater provided drug screening reports on 11/20/14 and 02/23/15. The treater discusses analgesia with pain going from 7-10/10 to 7-8/10, but the treater doesn't discuss all 4 A's as required by MTUS guidelines. While stating that "functional improvements and improved quality of life," no specific ADL changes are documented showing significant improvement functionally. General statements regarding ADL's and function are inadequate. No validated instruments are used to show functional gains. No outcome measures are provided as required by MTUS. Given the lack of adequate documentation as required by MTUS Guidelines, the request is not medically necessary.

