

Case Number:	CM15-0051384		
Date Assigned:	03/24/2015	Date of Injury:	03/26/2001
Decision Date:	05/12/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/18/2015

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 56 year old male who sustained an industrial injury on March 26, 2001. He has reported neck pain and has been diagnosed with chronic neck pain, status post fusion, chronic low back pain, right shoulder surgery, and rule out cervical herniated nucleus pulposus. Treatment has included medications. Currently the injured worker complains of persistent neck pain that radiates to the face, eyes, and shoulders and he also had low back pain. The treatment request included pool therapy and norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy, twice to three times weekly, ten sessions total: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

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 request is for 10 SESSIONS OF POOL THERAPY, TWICE TO THREE TIMES WEEKLY. X-rays of the cervical spine on 10/12/13 reveals solid C5/6 fusion with mild spondylosis at C4/5 and C6/7. X-rays of the lumbar spine on 04/21/14 shows solid appearing L5/S1 fusion with diffuse mild DDD. None of the reports contain information of the patient's treatment history. Work statue is unknown. 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, "pool therapy for cervical and lumbar spine because physical therapy in the past aggravated his pain." There is no documentation of extreme obesity or a need for weight-reduced exercise program. There is no discussion regarding home exercise. There is no discussion of treatment history and why therapy intervention is needed right now. The request IS NOT medically necessary.

Norco 10/325 mg, 180 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74 - 97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS hydrocodone Page(s): 76-78, 88-90.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and upper/ lower extremities. The request is for NORCO 10/325MG #180. Per 03/02/15 progress report, the patient is currently taking Oxycontin, Norco, Voltaren gel, Neurontin, Metamucil, Miralax, Protonix and Zantac. "He reports that the combination of Oxycontin and Norco are very effective in reducing his daily neck and low back pain. The medications help bring his pain down from 10/10 to 7-8/10." The patient has been utilizing Norco since at least 08/14/14. Work statue is unknown. MTUS Guidelines 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 page 78 also requires documentation of the 4 A'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. MTUS page 90 continues to state that the maximum dose for hydrocodone is 60 mg per day. In this case, the treater documents analgesia with pain going from 10/10 to 7-8/10. But the treater does not address all 4 A's as required by MTUS guidelines. The treater does not provide ADLs, side effects and adverse behavior. No specific ADL changes are noted showing significant functional improvement. No outcome measures are provided as required by MTUS. Urine drug screen is not mentioned either. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request IS NOT medically necessary.

