

Case Number:	CM15-0057302		
Date Assigned:	04/02/2015	Date of Injury:	09/27/2004
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/25/2015

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, Pain Management

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 55 year old female, who sustained a work/ industrial injury on 9/27/04. She has reported initial symptoms of right knee, shoulder, and neck pain. The injured worker was diagnosed as having internal derangement of the right knee, s/p repair, lumbar disc herniation, L4-5, probable lumbar radiculitis, chronic cervical, thoracic, and lumbar strains, and rule out upper extremity cervical radiculitis. Treatments to date included medication, lumbar facet joint injections, psychological consultation, right knee steroid injection, and surgery (right knee), and knee brace. Currently, the injured worker complains of chronic knee pain, right shoulder, and neck pain. The treating physician's report (PR-2) from 2/11/15 indicated sleep was interrupted due to pain. Right shoulder pain increases with overhead reaching. The neck pain increases with range of motion and turning. Gait was antalgic with reduced weight bearing on the right lower extremity. There was tenderness with palpation in the thoraco-lumbar spine. Treatment plan included two physical therapy visits with aqua therapy, Vicodin, and Zorvolex. A progress report dated March 25, 2015 states that aqua therapy 4 sessions to develop a self-directed exercise regimen with reduced weight-bearing was denied. Zorvolex is reportedly more effective than ibuprofen and the swelling in the knee has reduced and work activities have increased. Opiate analgesic medication reduces the patient's symptoms by 50% allowing work related activities. Constipation is controlled with docusate. An opiate contract was signed on May 14, 2014. Notes indicate that obesity has exacerbated the patient's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two physical therapy visits with aqua therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22, 98-99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, the requesting physician has noted that obesity increases the patient's knee pain with weight bearing. Additionally, he has recommended a couple therapy sessions to teach the patient an independent aquatic exercise program. This is a reasonable next step in treatment. Therefore, the currently requested Two physical therapy visits with aqua therapy is medically necessary.

Vicodin 5/300 mg, 120 count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Vicodin, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no side effects or aberrant use, and the patient is noted to have a signed pain contract. In light of the above, the currently requested Vicodin is medically necessary.

Zorvolex 35 mg, ninety count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 67-72 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Diclofenac.

Decision rationale: Regarding the request for Zorvolex (diclofenac), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. ODG states that diclofenac is not indicated for first line used due to its risk profile. Within the documentation available for review, it is noted that ibuprofen was tried prior to Zorvolex. Additionally, the requesting physician has indicated that this medicine helps the patient more than ibuprofen, results in reduced swelling in the knee, and allows for increased work activities. No intolerable side effects are noted in the review of systems. As such, the currently requested Zorvolex (diclofenac) is medically necessary.