

Case Number:	CM15-0067098		
Date Assigned:	04/14/2015	Date of Injury:	08/05/1999
Decision Date:	07/01/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/08/2015

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: Internal 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:

The injured worker is a 59 year old female, who sustained an industrial injury on 8/05/1999. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include cervical disc disease, chronic rotator cuff tear, and chronic lumbosacral strain/sprain. Treatments to date include medication therapy, physical therapy, oral steroid therapy, and aquatic therapy. Currently, she complained of generalized body pain and burning with report of a petit mal seizure preceded by headaches four weeks prior. On 3/10/15, the physical examination documented generalized stiffness. The plan of care included continuation of in home assistance, aquatic therapy, and continuation of medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued in home help with medicines/medical appointments, QTY: 1: 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), Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page 51.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 51) addresses home health services. Home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health services are recommended only for medical treatment. Medical treatment does not include homemaker services like shopping, cleaning, and laundry. Medical treatment does not include personal care given by home health aides like bathing, dressing, and using the bathroom. Medical treatment does not include home health aides. The date of injury was 08-05-1999. The primary treating physician's progress report dated 3/10/15 documented subjective complaints of burning pain total body. Objective findings noted stiffness throughout. Diagnoses were cervical disc disease, chronic shoulder rotator cuff tear, and chronic lumbosacral strain sprain. No significant physical examination abnormalities were documented. Per MTUS, home health services are recommended only for patients who are homebound. Because the patient is not homebound, the request for home help is not supported by MTUS guidelines. Therefore, the request for home help is not medically necessary.

Aquatic therapy 3-4 times a week for 2 months, QTY: 32: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page 22. Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG Preface Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that aquatic therapy is an optional form of exercise therapy and an alternative to land-based physical therapy. Aquatic therapy is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical Medicine (Pages 98-99). MTUS Physical Medicine guidelines indicate that for myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Per MTUS definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. The date of injury was 08-05-1999. The patient had PT physical therapy in the past. The patient had PT physical therapy visits in the year 2014. The primary treating physician's progress report dated 3/10/15 documented subjective complaints of burning pain total body. Objective findings noted stiffness throughout. Diagnoses were cervical disc disease, chronic shoulder rotator cuff tear, and chronic lumbosacral strain sprain. No significant physical

examination abnormalities were documented. No functional improvement with past physical therapy visits was documented. Per MTUS, aquatic therapy is specifically recommended where reduced weight bearing is desirable. The 3/10/15 progress report does not establish the need for reduced weight bearing. Official Disability Guidelines (ODG) indicate that patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The request for 32 additional aquatic therapy visits would exceed MTUS and ODG guidelines, and is not supported. Therefore, the request for aquatic therapy is not medically necessary.

Diazepam 10mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Benzodiazepines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 24) indicate that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. ODG guidelines indicate that benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The risks associated with hypnotics outweigh any benefits of hypnotics. Benzodiazepines are not recommended as first-line medications by ODG. The date of injury was 08-05-1999. The primary treating physician's progress report dated 3/10/15 documented subjective complaints of burning pain total body. Objective findings noted stiffness throughout. Diagnoses were cervical disc disease, chronic shoulder rotator cuff tear, and chronic lumbosacral strain sprain. No significant physical examination abnormalities were documented. The medical necessity of Diazepam (Valium) was not established in the 3/10/15 progress report. Medical records document the long-term use of the benzodiazepine Valium (Diazepam). MTUS guidelines do not support the long-term use of benzodiazepines. ODG guidelines do not recommend the long-term use of benzodiazepines. Therefore the request for Valium is not supported. Therefore, the request for Diazepam (Valium) is not medically necessary.

Hydrocodone/APAP 10/325mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids Page 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. The date of injury was 08-05-1999. The primary treating physician's progress report dated 3/10/15 documented subjective complaints of burning pain total body. Objective findings noted stiffness throughout. Diagnoses were cervical disc disease, chronic shoulder rotator cuff tear, and chronic lumbosacral strain sprain. No significant physical examination abnormalities were documented. The medical necessity of Norco 10/325 mg was not established in the 3/10/15 progress report. Medical records document the long-term use of opioids. Per MTUS, the lowest possible dose of opioid should be prescribed. ACOEM guidelines indicate that the long-term use of opioids is not recommended. The request for Hydrocodone/APAP 10/325 mg #60 is not supported by MTUS guidelines. Therefore, the request for Norco 10/325 mg #60 is not medically necessary.