

<b>Case Number:</b>	CM13-0033437		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	08/18/2010
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in Texas. 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 physician 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/services.

### 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 patient is a 35-year-old male who reported an injury on 08/18/2010 due to cumulative trauma that ultimately resulted in anterior lumbar disc replacement at the L4-5. The patient's postsurgical treatment included postoperative physical therapy, medications, a lumbar spine brace, aquatic therapy and psychiatric support. The patient was regularly monitored for aberrant behavior with urine drug screens. The patient's most recent clinical evaluation revealed 8/10 pain radiating into the bilateral lower extremities. Physical findings included tenderness to palpation along the lumbar paraspinal musculature with a positive straight leg raising test bilaterally and restricted range of motion secondary to pain. The patient's medications included Vicodin, Lortab, Celebrex, Zantac and temazepam. The patient's diagnoses included degenerative disc disease at the L4-5, stress, gastrointestinal upset, and sexual dysfunction. The patient's treatment plan included aquatic therapy and continuation of medication usage. ⚡

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 aquatic therapy sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical medicine Page(s): 22, 98-99.

**Decision rationale:** The Physician Reviewer's decision rationale: The requested 8 aquatic therapy sessions is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has a pain level rated at an 8/10 described as constant with radiation into the bilateral lower extremities. California Medical Treatment Utilization Schedule states that aquatic therapy is an option for patients who would benefit from nonweightbearing exercise. The most recent clinical evaluation does document that the patient has previously participated in aquatic therapy that was beneficial to the patient. However, the duration and frequency of prior therapy is not addressed. Therefore, the appropriateness of additional therapy cannot be determined. California Medical Treatment Utilization Schedule recommends patients be transitioned into a home exercise program to maintain functional improvements obtained during supervised skilled therapy. The clinical documentation does not address whether the patient is participating in a home exercise program. Additionally, there is no indication that the patient requires nonweightbearing exercise. As such, the requested 8 aquatic therapy sessions is not medically necessary or appropriate.

**Lortab 10/500 mg # 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

**Decision rationale:** The Physician Reviewer's decision rationale: The requested Lortab 10/500 mg #30 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has constant radiating low back pain rated at an 8/10. California Medical Treatment Utilization Schedule recommends a continued use of opioids be supported by documentation of pain relief, increased functional benefit, management of side effects, and monitoring for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient is regularly monitored for aberrant behavior. However, the most recent evaluation does not include a quantitative pain assessment that provides evidence of significant pain relief related to the patient's medication schedule. Additionally, the documentation does not provide any functional benefit as it is related to the patient's medication. Therefore, continuation of opioids would not be indicated. As such, the requested Lortab 10/500 mg #30 (#90 were previously certified) is not medically necessary or appropriate.

**Vicodin 5/500 mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

**Decision rationale:** The Physician Reviewer's decision rationale: The requested Vicodin 5/500 mg #120 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has constant radiating low back pain rated at an 8/10. California Medical Treatment Utilization Schedule recommends a continued use of opioids be supported documentation of pain relief, increased functional benefit, management of side effects, and monitoring for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient is regularly monitored for aberrant behavior. However, the most recent evaluation does not include a quantitative pain assessment that provides evidence of significant pain relief related to the patient's medication schedule. Additionally, the documentation does not provide any functional benefit as it is related to the patient's medication. Therefore, continuation of opioids would not be indicated. As such, the requested Vicodin 5/500 mg #120 is not medically necessary or appropriate.

**Temazepam 15 mg (beyond #14 that were certified):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The Physician Reviewer's decision rationale: The requested temazepam is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration. California Medical Treatment Utilization Schedule does not recommend the use of benzodiazepines for a period greater than 4 weeks. The clinical documentation also indicates that the main use for this medication is a sleep aid. Official Disability Guidelines recommend the continued use of sleep aids for insomnia treatment be supported by improvement in the patient's sleep hygiene. The clinical documentation submitted for review does not provide an assessment of the patient's sleep patterns to support the functional benefit of this medication. There are also no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. Therefore, continued use of this medication would not be supported. As such, the requested temazepam 50 mg. is not medically necessary or appropriate.