

<b>Case Number:</b>	CM14-0116254		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	03/31/2010
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records, presented for review, indicate that this 52-year-old gentleman was reportedly injured on March 31, 2010. The mechanism of injury was noted as a fall and hitting his head. The most recent progress note, dated February 21, 2014, indicated that there were ongoing complaints of headaches, dizziness, low back pain radiating to the lower extremities, nervousness, irritability, and left elbow pain. Current medications are stated to provide 80% pain relief. The physical examination demonstrated the patient with an antalgic gait with the assistance of a walker. There was full range of motion of the lumbar spine. Decreased sensation was noted at the L5 and S1 dermatomes bilaterally and there was decreased strength with dorsiflexion and plantar flexion of both feet. Diagnostic nerve conduction studies of the lower extremities were normal. Previous treatment included physical therapy, lumbar spine epidural steroid injections and a lumbar spine hemilaminectomy at L2, L4, and L5 and a microdiscectomy at L4-L5. A request had been made for aquatic therapy, hydrocodone, and cyclobenzaprine and was not certified in the pre-authorization process on June 23, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy 2 times per week for 6 weeks:** Upheld

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

**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): 22 of 127..

**Decision rationale:** The California MTUS supports aquatic therapy as an alternative to land-based physical therapy. Aquatic therapy (including swimming) minimizes the effects of gravity and is recommended where reduced weight bearing is desirable. Review of the available medical records fails to document why the injured employee is unable to participate in land-based physical therapy or participate in a home exercise program. As such, the request for aquatic therapy is not considered medically necessary.

**Hydrocodone/APAP 10/325 # 270:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter; Opioids and Chronic Neuropathic Pain, Kathleen M. Foley M.D., N Engl J Med 2003; 348: 1279-1281 March 27, 2003.

**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): 74-78, 88, 91 of 127..

**Decision rationale:** Hydrocodone/cetaminophen is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) in the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain after a work-related injury; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for hydrocodone/APAP is not considered medically necessary.

**Cyclobenzaprine 7.5 mg #60:** Overturned

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

**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): 16-20, 49 of 127.

**Decision rationale:** The California MTUS considers gabapentin to be a first-line treatment for neuropathic pain. Based on the progress note dated February 21, 2014, there is evidence of neuropathic and radicular pain on exam. As such, the request for cyclobenzaprine is medically necessary.