

Case Number:	CM14-0118247		
Date Assigned:	08/06/2014	Date of Injury:	09/25/2000
Decision Date:	09/26/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/25/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 37-year-old female with a 9/25/00 date of injury, and status post lumbar spine surgery at the L5-S1 (undated), and status post surgery to left foot (undated). At the time (5/21/14) of request for authorization for Norco 10/325mg #90 with 1 refill and Aquatic therapy 2x6, there is documentation of subjective (constant pain in right ankle, constant upper and lower back pain has been well controlled with current medications, pain and discomfort impacting enjoyment of life and general activity) and objective (range of motion of lumbar spine moderately restricted in all planes, multiple myofascial trigger points and taut bands noted throughout the thoracic and lumbar paraspinal musculature as well as in the gluteal muscles, and ranges of motion of right ankle mildly-to-moderately decreased in all directions) findings, current diagnoses (status post fracture of right fibula and right ankle with moderate right peroneal neuropathy, status post lumbar spine surgery at the L5-S1 level with right lower extremity radiculopathy (mild right L5-S1), status post spinal cord stimulator, 6/30/11, status post surgery to left foot, gastritis, secondary to NSAIDS, and depression and insomnia), and treatment to date (medications (including Norco), home exercise program, spinal cord stimulator, and surgery). 6/25/14 medical report identifies patient is able to work, perform activities of daily living, and sleep well with Norco. Regarding Norco 10/325mg #90 with 1 refill, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding Aquatic therapy 2x6, there is no documentation that reduced weight bearing is desirable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post fracture of right fibula and right ankle with moderate right peroneal neuropathy, status post lumbar spine surgery at the L5-S1 level with right lower extremity radiculopathy (mild right L5-S1), status post spinal cord stimulator, 6/30/11, status post surgery to left foot, gastritis, secondary to NSAIDS, and depression and insomnia. In addition, given documentation that patient is able to work, perform activities of daily living, and sleep well with Norco, there is documentation of functional benefit and improvement as a reduction in work restrictions and an increase in activity tolerance as a result of Norco use to date. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #90 with 1 refill is not medically necessary.

Aquatic therapy 2x6: 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 physical medicine; Aquatic therapy Page(s): 98; 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic therapy.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing), as criteria necessary to support the medical necessity of aquatic therapy. MTUS Chronic Pain Medical

Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies visits for up to 10 visits over 8 weeks in the management of intervertebral disc disorders. Within the medical information available for review, there is documentation of diagnoses of status post fracture of right fibula and right ankle with moderate right peroneal neuropathy, status post lumbar spine surgery at the L5-S1 level with right lower extremity radiculopathy (mild right L5-S1), status post spinal cord stimulator, 6/30/11, status post surgery to left foot, gastritis, secondary to NSAIDS, and depression and insomnia. However, there is no documentation that reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). In addition, the proposed Aquatic therapy 2x6 exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Aquatic therapy 2x6 is not medically necessary.