

<b>Case Number:</b>	CM14-0131981		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	02/13/2006
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 injured worker is a 50 year-old male who was reportedly injured on 2/13/2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note is the utilization review dated 8/8/2014, indicates that there are ongoing complaints of chronic neck and low back pain. There were no treatment records submitted for review, therefore the utilization did mention the most recent physical exam that states the patient is sitting in a wheelchair and cervical appearance is within normal limits. Cervical range of motion is limited due to fusion. Lumbar palpation includes no scoliosis and is within normal limits. Lumbar palpation of the axial spine is tender with tenderness over the right quadratus lumborum. Lumbar range of motion is pain and discomfort. Lower extremities motor examination revealed 4/5 bilateral and sensory loss of the right lateral calf, entire foot, and loss of position sense. No recent diagnostic studies are available for review. Previous treatment includes cervical fusion, medications, and conservative treatment. A request was made for Cymbalta 60mg #60, hydrocodone 10/325mg #240, aquatic therapy with a therapist, gym membership with a pool, and was not certified in the pre-authorization process on a/8/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription of Cymbalta 60mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 105.

**Decision rationale:** California Medical Treatment Utilization Schedule guidelines support Cymbalta as a first-line treatment option for neuropathic pain, especially if tricyclic anti-depressants are ineffective, poorly tolerated or contraindicated. The clinical documents provided do not indicate a diagnosis of depression, anxiety or panic disorder, but there are complaints of chronic neck and back pain. Accordingly, this medication is not recommended for use in treating these diagnoses, and is not considered medically necessary.

**1 Prescription of Hydrocodone 10/325mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Weaning of medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

**Decision rationale:** Norco (hydrocodone/acetaminophen) 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 Medical Treatment Utilization Schedule guidelines support short-acting opiates at the lowest possible dose to improve pain and function, 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; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.

**Unknown sessions of extended water therapy with a therapist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** California Medical Treatment Utilization Schedule 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 claimant is unable to participate in land-based physical therapy. It is noted the injured worker is sitting in a wheelchair for the physical examination, but there is insufficient documentation justifying the need for aquatic therapy versus a land-based physical therapy program. As such, the request is not considered medically necessary.

**Gym membership with a pool:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Gym Membership, Updated August 27, 2014.

**Decision rationale:** California Medical Treatment Utilization Schedule 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 claimant is unable to participate in land-based physical therapy. It is noted the injured worker is sitting in a wheelchair for the physical examination, but there is insufficient documentation justifying the need for aquatic therapy versus a land-based physical therapy program. As such, the request is not considered medically necessary.