

Case Number:	CM14-0152443		
Date Assigned:	09/23/2014	Date of Injury:	03/31/2010
Decision Date:	10/23/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/18/2014

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

This 52 year old patient had a date of injury on 3/31/2010. The mechanism of injury was not noted. In a progress noted dated 8/21/2014, the patient complains of constant upper and lower back pain that has varied from 6-8/10 without medications. He has frequent numbness in his bilateral lower extremities. He has problems with sleep due to pain and has not been working. On a physical exam dated 8/21/2014, the ranges of motion of the thoracic spine were slightly to moderately restricted in all planes while the ranges of motion of lumbar spine were moderately to markedly restricted in all planes on today's examination. The diagnostic impression shows failed back syndrome with intractable pain and lumbosacral radiculopathy, status post surgery to lumbar spine, major depression. Treatment to date: medication therapy, behavioral modification, hemilaminectomy at L2, L4 and L5 and microdiscectomy at right L4-L5 on 2/13/13. A UR decision dated 8/19/2014 denied the request for Norco 10/325 q6h (every 6 hours) #180 (prescribed 8/1/2014), stating there was no indication that long term use of hydrocodone has resulted in functional improvement, as the patient has not returned to work. Aquatic therapy 2x a week for 6 weeks for low back was denied, stating that the patient is recommended a home exercise program and a change in patient's chronic condition to indicate initiation into home aquatic program was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg every 6 hours #180 (prescribed 8/1/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter: Opioids, criteria for use

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81, Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the 8/1/2014 progress report, there was no objective evidence of functional improvement, as this patient claims that his current pain and discomfort is totally impacting his general activity and enjoyment of life. Furthermore, this patient has not returned to work. Therefore, the request for Norco 10/325, #180 was not medically necessary.

Aquatic Therapy 2 times per week for 6 weeks for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine.

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

Decision rationale: CA MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. However, in the 8/21/2014 progress report, there was no evidence that this patient was unable to participate in land-based exercises. Furthermore, this patient is also recommended for home muscle stretching exercises. Therefore, the request for aquatic therapy 2x a week for 6 weeks for low back was not medically necessary.