

Case Number:	CM14-0181493		
Date Assigned:	11/06/2014	Date of Injury:	07/12/2010
Decision Date:	12/09/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/31/2014

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 Occupational Medicine 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 male with a 7/12/10 date of injury. At the time (10/10/14) of the request for authorization for Hydrocodone/APAP, Naproxen, and aquatic therapy, there is documentation of subjective (constant intractable upper and lower back pain) and objective (ranges of motion of the thoracic and lumbar spine were moderately restricted in all planes, sciatic notch and sciatic nerve tenderness noted upon palpation, multiple myofascial trigger points and taut bands noted throughout the thoracic and lumbar paravertebral musculature as well as in the gluteal muscles, sensation was decreased in the lateral aspect of the left thigh and left calf areas) findings, current diagnoses (status post fusion at L4-5 and L5-S1 levels on 10/3/12 with residual intractable radiculopathy, chronic myofascial pain syndrome, persistent burning pain and numbness in left leg, most likely due to lumbosacral radiculopathy), and treatment to date (medication including Hydrocodone/APAP and Naproxen for at least 5 months with greater than 70-80% reduction in pain and a greater than 50% improvement in his ability to perform activities of daily living). Regarding Hydrocodone/APAP, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications specifically related to Hydrocodone/APAP use to date. Regarding Naproxen, there is no documentation 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 specifically related to Naproxen use to date. Regarding aquatic therapy, 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:

Hydrocodone/APAP 2.5/325mg, #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 fusion at L4-5 and L5-S1 levels on 10/3/12 with residual intractable radiculopathy, chronic myofascial pain syndrome, persistent burning pain and numbness in left leg, most likely due to lumbosacral radiculopathy. 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; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, despite documentation of greater than 70-80% reduction in pain and a greater than 50% improvement in his ability to perform activities of daily living with medications, there is no documentation 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 specifically related to Hydrocodone/APAP use to date. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone/APAP 2.5/325mg, #180 is not medically necessary.

Naproxen 550mg, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. 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 fusion at L4-5 and L5-S1 levels on 10/3/12 with residual intractable radiculopathy, chronic myofascial pain syndrome, persistent burning pain and numbness in left leg, most likely due to lumbosacral radiculopathy. However, despite documentation of greater than 70-80% reduction in pain and a greater than 50% improvement in his ability to perform activities of daily living with medications, there is no documentation 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 specifically related to Naproxen use to date. Therefore, based on guidelines and a review of the evidence, the request for Naproxen 550mg, #120 is not medically necessary.

Aquatic Therapy 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 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). Within the medical information available for review, there is documentation of diagnoses of status post fusion at L4-5 and L5-S1 levels on 10/3/12 with residual intractable radiculopathy, chronic myofascial pain syndrome, persistent burning pain and numbness in left leg, most likely due to lumbosacral radiculopathy. However, there is no documentation that reduced weight bearing is desirable. Therefore, based on guidelines and a review of the evidence, the request for aquatic therapy 2 times a week for 3 weeks is not medically necessary.