

<b>Case Number:</b>	CM14-0219279		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	02/25/2007
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York  
 Certification(s)/Specialty: Emergency Medicine

### 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 53 year old male who sustained an industrial injury on 2/25/2007 when he was struck in the head with a metal pole, knocking him to the ground. The diagnoses have included lumbar spine radiculitis. Treatment to date has included medications, psychotherapy, neurosurgeon evaluation, chiropractic treatment, and epidural steroid injections. In a PR-2 dated 11/20/2014, the IW reports has constant radicular pain to his left lower extremity. Pain intensifies with ambulation and going down steps on a bus. Objective physical examination revealed restricted range of motion to the lumbar spine with moderate to severe tenderness. There is a positive Kemp's test and positive straight leg raise test. There are sensory changes noted throughout the L3-S1 nerve root distribution. The IW uses a cane for support. A urine drug screening test reported on 10/23/014 demonstrates the presence of hydromorphone and sertraline although these were not prescribed to the IW. Additionally, there was noted to be an absence of alprazolam which was actively being prescribed to the IW. The IW remains totally disabled. On 12/05/2014, Utilization Review non-certified a request for pool therapy for the lumbar spine, Norco , Prilosec, and Lidoderm patches 5%. CA MTUS was cited in support this this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool Therapy 2 Times A Week for 6 Weeks for The Lumbar Spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22-23.

**Decision rationale:** Give the time elapsed since the date of initially injury, the IW's condition is considered chronic. According to CA MTUS guidelines, "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Physical medicine recommendations allow for fading treatment frequency. It is unclear from the documentation if the IW has previously participated in aquatic therapy or other forms of physical medicine rehabilitation. The documentation does not support that the IW has experienced a new injury or has an exacerbation of pain, rather a continued, constant level of discomfort. There is no documentation of functional improvement for this IW despite multiple previous treatment modalities such as oral analgesia, epidural injections, and chiropractic care. The IW continues to remain totally disabled, he uses a cane, and there is no documentation of his current activities of daily living. Without the supporting documentation the request is not medically necessary.

**Norco 10/325 MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

**Decision rationale:** CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as 'ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects.' It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. In addition, the request does not include dosing frequency or duration. Of note, there is a toxicology report included in the record which demonstrates inconsistency between medications that are prescribed and those that are ingested. The request for Norco is not medically necessary.

**Prilosec 20 MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history of gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart does not document any of these risk factors. Past medical history does not include any gastrointestinal disorders, there is no history of poor tolerance to NSAIDs documented and there are not abdominal examinations noted in the chart. Ranitidine is not medically necessary based on the MTUS.

**Lidoderm Patched 5 Percent #1 Box:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patch Page(s): 56-57.

**Decision rationale:** CA MTUS is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy such as a tricyclic, serotonin-norepinephrine reuptake inhibitor, or gabapentin. This medication is "not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." In submitted documentation, the IW has been prescribed gabapentin, presumably for pain. There is not documentation to support the failure of this first line agent or intolerance of this medication. As such, the request for lidoderm patches is not medically necessary.