

Case Number:	CM15-0015170		
Date Assigned:	02/03/2015	Date of Injury:	06/23/2014
Decision Date:	03/24/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/27/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old male, who sustained an industrial injury on 06/23/2014. On provider visit dated 09/30/2014 the injured worker has reported abdominal pain with nausea. On examination he was noted to have tenderness in the quadrant. The diagnoses have included abdominal pain and gastritis. Treatment to date has included physical therapy. Treatment plan included medication and MRI of abdomen, urine toxicity test, acupuncture and aqua therapy. On 01/12/2015 Utilization Review non-certified Percocet 10/325 #60 and additional aquatic therapy 2x3. The CA MTUS Chronic Pain Medical Treatment Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Aquatic Therapy 2X3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Exercise Page(s): 22, 46, 7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Web Version: Gym Membership

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22, 99.

Decision rationale: Regarding the request for aquatic therapy, the Chronic Pain Medical Treatment Guidelines specify that this is an alternative to land-based physical therapy in cases where reduced weight bearing is desirable, such as in extreme obesity. The medical records indicate that the patient has had previous aquatic therapy. However, there is no comprehensive summary of the functional benefit of such aquatic therapy. The physical medicine guidelines of the MTUS specified that future therapy is contingent on demonstration of functional benefit from prior therapy. Secondly, it appears that the patient has had at least 11 session of PT to date. Aquatic therapy guidelines, follow a similar time course and duration as land-based therapy, and therefore there should be an attempt at self-directed exercises. Therefore, this request is not medically necessary.

Percocet 10/325 X60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92 and 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Although analgesic effect and urine drug testing were sought, improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. Also, there does not appear to commentary on side effects in the submitted recent progress notes. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.