

Case Number:	CM15-0019198		
Date Assigned:	02/09/2015	Date of Injury:	07/22/1997
Decision Date:	03/25/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/02/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 55 year old female, who sustained an industrial injury on 7/22/1997. The current diagnosis is post-laminectomy syndrome of the lumbar region. Currently, the injured worker complains of low back pain. Treatment to date has included medications and spinal cord stimulator. She underwent removal of her spinal cord stimulator on 12/11/2014. The treating physician is requesting 12 aquatic therapy sessions and Norco 10/325mg #60 with 2 refills, which is now under review. On 1/26/2015, Utilization Review had non-certified a request for 12 aquatic therapy sessions and Norco 10/325mg #60 with 2 refills. The Norco was modified with no refills. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient aquatic therapy two (2) times a week for six (6) weeks (2x6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Pain section, Aquatic therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy two times per week for six weeks is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity so it is specifically recommended where reduced weight-bearing is desirable. Unsupervised school use is not aquatic therapy. Patients should be formally assessed after a six visit clinical trial to see if the patient is in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are history of cervical and lumbar fusion status post removal of spinal cord stimulator with residual low back pain. The injured worker is 9 to 10 years post surgery. There are no physical therapy notes or documentation in the medical record. There is no documentation with evidence of objective functional improvement with prior physical therapy. The injured worker had six lumbar surgeries. Her spinal cord stimulator was malfunctioning and was recently removed. A January 14, 2015 progress note indicates the injured worker would like to attend aquatic therapy. Aquatic therapy is an alternative to land-based therapy. There is no documentation in the record indicating the effects of gravity need to be minimized as an alternative to land-based physical therapy. The guidelines state: "when treatment duration and/or number of visits exceeded the guideline, exceptional factors should be noted". Although the documentation does not contain evidence of recent physical therapy, the injured worker had multiple surgeries and a completed course of physical therapy can be safely assumed. The documentation does not contain compelling clinical facts warranting additional physical therapy. Consequently, absent compelling clinical documentation to support additional physical therapy where the effects of gravity are taken into account (aquatic therapy), aquatic therapy two times per week for six weeks is not medically necessary.

Norco 10/325mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #120 with two refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are history of cervical and lumbar fusion status post removal of spinal cord stimulator with residual low back pain. The injured worker is 9 to 10 years post surgery. There are no physical therapy notes or documentation in the medical record. There is no documentation with evidence of objective functional improvement with prior physical therapy.

The injured worker had six lumbar surgeries. Her spinal cord stimulator was malfunctioning and was recently removed. The injured worker admits to past high-dose narcotics that needed to be weaned. The documentation is unclear as to whether there was addictive and/or drug seeking behavior. Narcotics were ultimately weaned and discontinued. The treating physician seeks to restart Norco 10/325#120 at two pills maximum per day with two refills. Additionally, there is no evidence of objective functional improvement as it pertains to Norco 10/325 mg. Opiates are second line drug in pain management. The treating physician (presently) is not starting any first-line medications such as antidepressants, anticonvulsants, nonsteroidal anti-inflammatory drugs in lieu of the patient's history of high-dose opiate use. Consequently, absent clinical documentation with first-line analgesic use with a history of high-dose opiate requirements, Norco 10/325 mg #120 with two refills is not medically necessary.