

Case Number:	CM15-0125320		
Date Assigned:	07/09/2015	Date of Injury:	09/06/2001
Decision Date:	08/18/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/29/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 male who sustained an industrial injury on 9/6/01 resulting in injury to his back and the development of right sciatica. He currently complains of low back pain that is lessened with Mobic. His pain level was 4-6/10 with medication and 8-9/10 without medication. In the progress note dated 3/5/15 functional improvement is noted with prescribed medication. On physical exam there was crepitus in the right knee when rising from seated position and positive baker's cyst. Medications are Mobic, Cymbalta. Diagnoses include lumbar degenerative disc disease; degenerative joint disease, knee; lumbago. Treatments to date include epidural injection of transient benefit; exercising at the gym and riding an exercise bike with improvement in right knee and reduction of popliteal cyst; physical therapy; transcutaneous electrical nerve stimulator unit. In the progress note dated 3/5/15 the treating provider's plan of care included requests for Percocet 10/325 as needed for severe pain # 120; Mobic 15 mg # 30 with 3 refills as needed for pain; Cymbalta 20 mg # 60; water based physical therapy 12 visits to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #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 Page(s): 79, 80 and 88 of 127.

Decision rationale: This claimant was injured in 2001 resulting in injury to his back. As of March 2015, there was functional improvement noted with prescribed medication. On physical exam there was crepitus in the right knee. Diagnoses included lumbar degenerative disc disease; degenerative joint disease in the knee and lumbago. There has been past physical therapy with unknown functional improvement outcomes. The request is for an opiate medicine. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances When to Continue Opioids: (a) If the patient has returned to work (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not certified per MTUS guideline review. The request is not medically necessary.

Mobic 15mg #30 with 3 refills: 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 Chronic Pain Medical, Treatment Guidelines: Pain interventions and treatments Page(s): 60 and 67 of 127.

Decision rationale: As noted, this claimant was injured in 2001 resulting in injury to his back. As of March 2015, there was functional improvement noted with prescribed medication. On physical exam there was crepitus in the right knee. Diagnoses include lumbar degenerative disc disease; degenerative joint disease in the knee and lumbago. There has been past physical therapy with unknown outcomes. The request is for a prescription non-steroidal anti-inflammatory medicine. The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no

documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine, and moreover, to recommend this medicine instead of simple over the counter NSAID. The medicine is not medically necessary.

Cymbalta 20mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Antidepressants.

Decision rationale: As shared previously, this claimant was injured in 2001 resulting in injury to his back. As of March 2015, there was functional improvement noted with prescribed medication. On physical exam there was crepitus in the right knee. Diagnoses include lumbar degenerative disc disease; degenerative joint disease in the knee and lumbago. Again, there has been past physical therapy with unknown outcomes. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV. If used for pain, it is not clear what objective, functional benefit has been achieved. The request is not medically necessary.

Aqua therapy for 12 visits to lumbar spine: 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 Page(s): 98 of 127; 22 of 127.

Decision rationale: As noted, this claimant was injured in 2001 resulting in injury to his back. As of March 2015, there was functional improvement noted with prescribed medication. On physical exam there was crepitus in the right knee. Diagnoses include lumbar degenerative disc disease; degenerative joint disease in the knee and lumbago. There has been past physical therapy with unknown outcomes. Official Disability Guidelines (ODG) Back regarding aquatic therapy. Specifically regarding aquatic therapy, the cited guides note under Aquatic Therapy: Recommended as an optional form of exercise therapy, where available, as an alternative

to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. In this case, there is no evidence of conditions that would drive a need for aquatic therapy, or a need for reduced weight bearing. The MTUS does permit forms of physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8- 10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. Moreover, it is not clear why warm water aquatic therapy would be chosen over land therapy. Finally, after prior sessions, it is not clear why the patient would not be independent with self-care at this point. Finally, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. This request is not medically necessary.