

Case Number:	CM15-0127472		
Date Assigned:	07/14/2015	Date of Injury:	07/03/2001
Decision Date:	08/11/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/01/2015

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: Massachusetts

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:

This injured worker is a 61 year old male who reported an industrial injury on 7/3/2001. His diagnoses, and or impression, were noted to include: lumbar disc disorder; low back pain; and depression. Recent x-rays of the lumbar spine were done on 4/28/15; no current imaging studies were noted. His treatments were noted to include medication management with toxicology screenings; and a return to work. The progress notes of 6/2/2015 reported complaints which included a moderate lower backache on medications, and severe without; as well as poor quality of sleep. Objective findings were not noted to include that no other therapies for pain relief were being tried; poor concentration; excessive sweating; the appearance of moderate pain; a slowed and wide-based gait; tenderness, restricted range-of-motion, and tight band of the bilateral lumbar para-vertebral muscles; positive Faber's and Patrick's tests; and limited motor and neurological testing due to pain. The physician's requests for treatments were noted to include aqua therapy and Opana.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana 5mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, Page(s): 8, 76-80, 86.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic low back pain. When seen, pain was rated at 8/10 without medications and 7/10 with medications. He was having low back pain radiating into the left lower extremity. There was a slow, wide based gait. There was decreased lumbar range of motion with tenderness and spasms. There was posterior superior iliac spine tenderness with positive Patrick's testing. His BMI was over 31. Norco and Opana ER were being prescribed at a total MED (morphine equivalent dose) of 70 mg per day. Norco was discontinued and Opana was prescribed. The total MED was now 75 mg per day. Authorization for 6 sessions of aquatic therapy was requested. Guidelines indicate that just because an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. Opana (oxymorphone) is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management when he was having moderate pain. The total MED was being increased but was still less than 120 mg per day consistent with guideline recommendations. Prescribing Opana is medically necessary.

Aqua therapy x 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic low back pain. When seen, pain was rated at 8/10 without medications and 7/10 with medications. He was having low back pain radiating into the left lower extremity. There was a slow, wide based gait. There was decreased lumbar range of motion with tenderness and spasms. There was posterior superior iliac spine tenderness with positive Patrick's testing. His BMI was over 31. Authorization for 6 sessions of aquatic therapy was requested. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant is noted to be obese and a trial of pool therapy would likely be appropriate. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. If there was benefit, transition to an independent pool program would be expected. The request is medically necessary.

