

<b>Case Number:</b>	CM15-0149547		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	04/05/1997
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63-year-old female who sustained an industrial injury on April 5, 1997 resulting in low back, right shoulder, right arm, and right knee pain. Diagnoses have included failed back surgery syndrome, chronic pain syndrome, chronic neuropathic pain, anxiety and depression secondary to industrial injury and pain, insomnia secondary to anxiety and pain, myofascial spasticity, acute flare up of neuropathic pain in the right lower extremity, right knee strain or sprain, and right knee acute pain and swelling, rule out medial meniscus tear, complex regional pain syndrome in the right lower extremity with acute flare up and dysesthesia, acute right shoulder impingement flare up, right shoulder rotator cuff tear, right bicipital tendon tear, bursitis in the subacromial deltoid bursa and biceps tendon longitudinal tear, and full-thickness tear to the suprapinatus tendon. Documented treatment includes laminectomy; right rotator cuff tear and distal clavicle resection on July, 2012; spinal cord stimulator with unspecified response to treatment which was removed in December of 2008; lumbar fusion at L4-5 and L5-S1 in November of 2003; aqua therapy which the July 1, 2015 report states she attends six times a week and improves pain level by 50 percent as well as helps increase her ability to perform activities of daily living, and, home exercise. The injured worker continues to present with constant radiating low back pain rated at 8 out of 10 without medication, bilateral shoulder pain and tenderness at the right shoulder with restricted range of motion, and worsening left knee pain which she rates as a 9 out of 10. The treating physician's plan of care includes the following denied treatments: MRI of the left knee denied due to stated lack of clinical findings indicating left knee pathology; continuation of aqua therapy denied due to "excessive amount of visits" over several years without indication of sustained improvement; Lorazepam 1 mg. and

Temazepam 30 mg denied due to utilization review concerns of unproven efficacy of long-term use and risk of dependence; Soma 350 mg due to not being recommended for long-term use; and, Tylenol No. 4, which is stated by the reviewer to have been decreased over several prior requests for the purpose of weaning and that there was no documentation supporting continuing this medication. Current work status is not provided.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MRI of the Left Knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), MRIs.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The California MTUS/ACOEM Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once any red flag issues are ruled out. Within the submitted documentation, there are no red flags mentioned with regards to the knee on physical examination, nor is there mention of exhausting treatments to include therapy, injections, and/or bracing. At this time, this request is not medically necessary.

#### **Unknown continuation of Aqua Therapy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

**Decision rationale:** CA MTUS Guidelines state that aquatic therapy is 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. The injured worker is noted to be overweight with a BMI greater than 35. However, there is no specific mention of how past aquatic therapy sessions have improved function, quality of life, ADL participation, pain using validated pain scores, and/or allowed the injured worker to reduce pain medication usage. A frequency and/or duration is lacking within the submitted request. This request is not medically necessary.

#### **Lorazepam 1mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** California MTUS guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there are risks of dependency. Guidelines generally limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Within the submitted documentation, it is noted this injured worker has been on Lorazepam since at least 2009. There is no clear documentation supporting ongoing use of this drug. There are no extenuating factors described to warrant non-adherence to guideline recommendations. Medical necessity has not been established, as review of the medical records has not shown any significant functional or other benefit from the injured workers chronic conditions with the use of Lorazepam. Therefore, the request is not medically necessary.

**Temazepam 30mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** California MTUS guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there are risks of dependency. Guidelines generally limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Within the submitted documentation, it is noted this injured worker has been on Temazepam since at least 2009. There is no clear documentation supporting ongoing use of this drug. There are no extenuating factors described to warrant non-adherence to guideline recommendations. Medical necessity has not been established as review of the medical records have not shown any significant functional or other benefit from the injured workers chronic conditions with the use of Temazepam. Therefore, the request is not medically necessary.

**Soma 350mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** CA MTUS Chronic Pain Treatment Guidelines note that long-term use of muscle relaxants is not recommended. It is associated with mental and physical impairedabilities and has limited efficacy. The injured worker has been on Soma since at least 2009. Review of the medical records does not a significant functional or other benefit for any of the injured workers chronic conditions with the use of this agent. Long-term use is not recommended. As such, this request is not medically necessary.

**Tylenol No. 4 #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, opioids, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The California MTUS guidelines allows for the use of opioid medication, such as Tylenol #3, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. Within the submitted documentation that this drug has been used since at least 2006. Medical records from within the last 12 months do not demonstrate any evidence of quantifiable improvements in terms of pain, function, and/or quality of life due to the ongoing use of this medication. At this time, medical necessity has not been substantiated; the request is not medically necessary.