

<b>Case Number:</b>	CM15-0175377		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	11/17/2012
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: 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 34 year old female, who sustained an industrial injury on 11-17-2012. The injured worker is being treated for status post global fusion and spondylolysis. Treatment to date has included surgical intervention (L5-S1 global arthrodesis 3-19-2015 and 3-20-2015), physical therapy, medications, aquatic therapy, and chiropractic care. Per the Primary Treating Physician's Progress Report dated 8-04-2015, the injured worker presented for post-op evaluation. She reported a decrease in pain from 9 out of 10 and intense, to slightly less status-post surgery with sciatic flare-ups. Objective findings included mild numbness over the left lateral thigh. Standing range of motion was 80 degrees. There is not documentation of significant improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. Work status was total temporary disability. The plan of care included, and authorization was requested on 8-13-2015 for 12 sessions of aquatic therapy (lumbar), Percocet 10-325mg #240, magnetic resonance imaging (MRI) left knee, Tramadol 50mg #60 and Robaxin 500mg #20. On 8-26-2015, Utilization Review non-certified the request for aquatic therapy (lumbar), Percocet 10-325mg #240, magnetic resonance imaging (MRI) left knee, and modified the request for Tramadol 50mg #60 and Robaxin 500mg #20.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy (for the lumbar spine): 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:** The MTUS states that aquatic therapy can be recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. As with therapeutic physical therapy for the low back, it is authorized as a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, prior to authorizing more treatments with a total of up to 18 visits over 6-8 weeks. There is no documentation of objective functional improvement with the patient's previous sessions. Aquatic therapy (for the lumbar spine) is not medically necessary.

**Percocet 10/325 mg #240: 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): Opioids for chronic pain.

**Decision rationale:** The MTUS recommends Percocet for moderate to moderately severe pain. Opioids for chronic pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear, but also appears limited. If the patient does not respond to a time-limited course of opioids, it is suggested that an alternate therapy be considered. For the on-going management of opioids there should be documentation of pain relief, functional improvement, appropriate use and side effects. Percocet 10/325 mg #240 is not medically necessary.

**Robaxin 500 mg #180: 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:** The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been taking the muscle relaxant for an extended period of time, far longer than the short-term course recommended by the MTUS. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Robaxin 500 mg #180 is not medically necessary.

**Tramadol 50 mg #240:** 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): Opioids for chronic pain.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of Tramadol, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Tramadol 50 mg #240 is not medically necessary.