

Case Number:	CM15-0065555		
Date Assigned:	04/13/2015	Date of Injury:	02/22/2006
Decision Date:	05/12/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/06/2015

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:

The injured worker is a 55 year old female, who sustained an industrial injury on May 7, 2006. She has reported neck pain and back pain. Diagnoses have included lower back pain, thoracic spine disc protrusion, cervical spine disc protrusion, cervical spine stenosis, lumbar spine disc protrusion, and chronic myofascial back pain. Treatment to date has included medications, water therapy, acupuncture, physical therapy, and imaging studies. A progress note dated March 12, 2015 indicates a chief complaint of thoracic spine pain and lower back pain radiating to the lower extremities. The treating physician documented a plan of care that included medications, a gym membership, and additional water therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg qty: 240: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

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, p86 Page(s): 76-80, 86.

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic thoracic and low back pain with lower extremity radiating symptoms. Prior treatments had included all therapy. Medications being prescribed include Percocet at a total MED (morphine equivalent dose) of 60 mg per day. Medications are referenced as decreasing pain from 10/10 to 7/10. The claimant is going to a gym three times per week for pool therapy. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Percocet (oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and it is providing some decrease in pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Percocet was medically necessary.

Gym membership for 6 months: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 18th Edition, 2013, Low Back Chapter.

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

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic thoracic and low back pain with lower extremity radiating symptoms. Prior treatments had included all therapy. Medications being prescribed include Percocet at a total MED (morphine equivalent dose) of 60 mg per day. Medications are referenced as decreasing pain from 10/10 to 7/10. The claimant is going to a gym three times per week for pool therapy. The claimant regularly participates in a gym based pool program. If any membership to a pool is covered, coverage should be continued if it can be documented that the patient is using the facility at least 3 times per week and following a prescribed exercise program. In this case, the claimant uses the pool on a regular basis. Therefore, the requested gym membership with a pool was medically necessary.

Water therapy for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

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

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic thoracic and low back pain with lower extremity radiating symptoms. Prior treatments had included all therapy. Medications being prescribed include Percocet at a total MED (morphine equivalent dose) of 60 mg per day. Medications are referenced as decreasing pain from 10/10 to 7/10. The claimant is going to a gym three times per week for pool therapy. 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 already has had pool therapy and uses a gym 3 times per week. Continued independent performance of a regular pool exercise program would be expected and would not require additional skilled therapy services.