MAXIMUS Federal Services

Case Number:	CM15-0070001		
Date Assigned:	04/17/2015	Date of Injury:	10/05/2009
Decision Date:	05/19/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/13/2015

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, New York, 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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 5, 2009. In a Utilization Review report dated March 26, 2015, the claims administrator failed to approve requests for Percocet and aquatic therapy. The claims administrator referenced a March 18, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On February 30, 2015, the applicant reported 8/10 low back pain. The applicant was using Norco and Percocet for pain relief. The applicant was placed off of work, on total temporary disability. The applicant was apparently receiving Social Security Disability Insurance (SSDI) benefits, it was also noted. The applicant also reported issues with depression, anxiety, and insomnia. The applicant was using cognitive behavioral therapy, it was further noted. The applicant's medication list included Norco, Percocet, naproxen, Flexeril, Prilosec, it was reported in yet another section of the note. Twelve sessions of aquatic therapy were proposed. The applicant was ambulating with the aid of a cane. It was stated that the applicant had received approval for earlier aquatic therapy on July 1, 2014. The attending provider stated that the applicant had not completed all of the previously approved aquatic therapy sessions for unspecified reasons. On March 20, 2015, the applicant was, once again, placed off of work, on total temporary disability. 9/10 pain complaints were reported. Toradol was apparently given for flare of pain on a recent visit, it was acknowledged. The applicant was again ambulating with a cane, it was incidentally noted. Multiple medications were renewed, including Norco and Percocet. Twelve sessions of aquatic therapy were again proposed. On March 18, 2015, the

applicant again reported heightened complaints of pain, 9/10, with radiation of pain to the left leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet (oxycodone and acetaminophen).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids; 4) On-Going Management Page(s): 80; 78.

Decision rationale: No, the request for Percocet, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, it was acknowledged on several occasions, referenced above, in early 2015. The applicant was receiving both Workers Compensation indemnity benefits and disability insurance benefits, it was suggested. The applicant was having difficulty performing activities of daily living as basic as standing and walking, it was further noted. Pain complaints as high as 8-9/10 were consistently reported. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Percocet. Furthermore, page 78 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that the lowest possible dose of opioids should be employed to improve pain and function. Here, however, the attending provider did not furnish a clear or compelling rationale for concurrent usage of two separate short-acting opioids, Norco and Percocet. Therefore, the request was not medically necessary.

12 Pool Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical Medicine Guidelines Page(s): 22; 99.

Decision rationale: Similarly, the request for 12 sessions of aquatic therapy was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, as appeared to be the case here, with the applicant exhibiting significant gait derangement requiring usage of a cane on multiple office visits, referenced above, the 12 sessions of treatment proposed represents treatment in excess of the 8 to 10 session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for

radiculitis, the diagnosis reportedly present here. It is further noted that the applicant had in fact completed previous unspecified amounts of aquatic therapy in 2014, the treating provider reported before apparently discontinuing the same. The applicant had, however, failed to respond favorably to earlier aquatic therapy treatment. The applicant remained off of work, on total temporary disability. Significant gait derangement persisted. The applicant remained dependent on opioid agents such as Norco and Percocet. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier aquatic therapy in unspecified amounts over the course of the claim. Therefore, the request for 12 sessions of aquatic therapy was not medically necessary.