

Case Number:	CM15-0070054		
Date Assigned:	04/17/2015	Date of Injury:	02/26/2005
Decision Date:	05/26/2015	UR Denial Date:	04/13/2015
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, Florida

Certification(s)/Specialty: Anesthesiology, 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 48-year-old male, who sustained an industrial/work injury on 2/26/05. He reported initial complaints of back pain. The injured worker was diagnosed as having post lumbar laminectomy syndrome, anxiety disorder, depression and myofascial spasms. Treatment to date has included medication, aquatic therapy, physical therapy, and surgery (posterior lumbar laminectomy on 7/30/14). Electromyography and nerve conduction velocity test (EMG/NCV). X-Rays results were reported on 2/27/15. Currently, the injured worker complains of mid to low back pain that radiated to leg with toes tingling at times. Per the primary physician's progress report (PR-2) on 3/5/15, examination noted antalgic gait, lumbar spine tenderness with palpation bilaterally, sacroiliac joint tenderness, bilaterally and spasms to the bilateral quadratus lumborum. The IW reported still feeling anxious and depressed as well as difficulty with ADL and concentration. The requested treatments include MS Contin, Norco, and 6 month pool membership. The medications listed are MC Contin, Norco, Wellbutrin, Klonopin and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction and adverse interactions with sedatives and psychiatric medications. The records indicate that the patient is utilizing multiple opioids, sedatives and psychiatric medications concurrently. There is no documentation of failure of first line NSAIDs and non-opioid co-analgesics. There is no documentation of guidelines mandated compliance monitoring of serial UDS, CURES data checks, absence of aberrant behaviors and functional restoration. The guidelines recommend that patient with significant psychiatric disorders who are on high dose opioids be referred to pain programs or addiction clinics for safe opioids weaning. The criteria for the use of MS Contin 30mg #60 was not met. The request is not medically necessary.

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction and adverse interactions with sedatives and psychiatric medications. The records indicate that the patient is utilizing multiple opioids, sedatives and psychiatric medications concurrently. There is no documentation of failure of first line NSAIDs and non opioid co-analgesics. There is no documentation of guidelines mandated compliance monitoring of serial UDS, CURES data checks, absence of aberrant behaviors and functional restoration. The guidelines recommend that patient with significant psychiatric disorders who are on high dose opioids be referred to pain programs or addiction clinics for safe opioid weaning. The criteria for the use of Norco 10/325mg #240 was not met. The request is not medically necessary.

6 month pool membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 22, 46-47, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Aquatic therapy.

Decision rationale: The CA MTUS and the ODG guidelines recommend that aquatic exercise therapy can be utilized for the treatment of exacerbation of musculoskeletal pain when the patient cannot tolerate land based exercise program due to physical limitation. The records show that the patient completed regular PT program without any limitation. The guidelines recommend that patient proceed to a home exercise program after completion of supervised PT treatments. The criteria for 6 months pools membership was not met. The request is not medically necessary.