

Case Number:	CM14-0140679		
Date Assigned:	09/10/2014	Date of Injury:	11/26/2013
Decision Date:	10/22/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 25-year-old, who reported injury on November 26, 2013. The injury occurred when the injured worker was attempting to pull a heavy, 700 pound object and felt a sudden low back pain. Prior conservative treatment included medications, trigger point injections, MRI studies, 6 sessions of physical therapy, a back brace. The injured worker was evaluated on August 26, 2014, and it was documented that the injured worker continued to have significant lower back pain. He had undergone chiropractic care and acupuncture with no improvements. He continued to have numbness and tingling in his legs. Physical examination of the lumbar spine revealed paravertebral muscle was tender; spasm was present. Range of motion was restricted. Motor strength and sensation were grossly intact. Straight leg raising test was positive bilaterally. Medications included orphenadrine ER 100 mg, naproxen sodium 550 mg, omeprazole 20 mg, and hydrocodone 10/325 mg. Diagnoses included lumbar radiculopathy. Request for Authorization, dated August 26, 2014, was for 12 aqua therapy session, omeprazole 20 mg, orphenadrine ER 100 mg, and hydrocodone (Norco) 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve aqua therapy sessions for back: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend aqua therapy as an optional form of exercise therapy, where available as alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity so it is especially recommended when reduced weight bearing is desirable, for example, extreme obesity. Physical medicine guidelines recommend a total of nine to ten visits over eight weeks for myalgia and myositis, and eight to ten visits over 4 weeks for neuralgia, neuritis, and radiculitis. It was noted that the injured worker had 6 weeks of prior sessions of physical therapy; however, there was no functional improvement. Furthermore, the documentation lacked the injured worker long-term goal for functional improvement. The request submitted for the aquatic therapy exceeds the recommended amount of visits per the guidelines. Given the above the request for twelve aqua therapy sessions for the back is not medically necessary or appropriate.

Twelve aqua therapy sessions for bilateral lower extremities: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend aqua therapy as an optional form of exercise therapy, where available as alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity so it is especially recommended when reduced weight bearing is desirable, for example, extreme obesity. Physical medicine guidelines recommend a total of nine to ten visits over eight weeks for myalgia and myositis, and eight to ten visits over 4 weeks for neuralgia, neuritis, and radiculitis. It was noted that the injured worker had 6 weeks of prior sessions of physical therapy; however, there was no functional improvement. Furthermore, the documentation lacked the injured worker long-term goal for functional improvement. The request submitted for the aquatic therapy exceeds the recommended amount of visits per the guidelines. Given the above the request for twelve aqua therapy sessions for bilateral lower extremities is not medically necessary.

Omeprazole DR 20 mg, thirty count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68,69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) Guidelines, omeprazole is recommended for patients taking NSAIDs who are at risk of

gastrointestinal event. The documentation provided did not indicate the injured worker was having gastrointestinal event(s). Additionally, the request lacked frequency and duration of medication for the injured worker. Given the above, the request for Omeprazole DR 20 mg, thirty count with two refills, is not medically necessary or appropriate.

Hydrocodone (Norco) APAP 10/325 mg, sixty count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency. There was lack of evidence of outcome measurements of conservative care such as, medication pain management or home exercise regimen outcome improvements noted for the injured worker. The documentation submitted for review there was no a urine drug screen submitted to indicate Opioids compliance for the injured worker. As such, the request for Hydrocodone (Norco) APAP 10/325 mg, sixty count with two refills, is not medically necessary or appropriate.

Orphenadrine ER 100 mg, sixty count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Orphenadrine Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants & Orphenadrine Norflex Page(s): 64-65.

Decision rationale: The Chronic Pain Medical Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic LBP. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. The efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependency. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Norflex drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This drug was approved by the FDA in 1959. Side effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. Dosing: 100 mg twice a day; combination products are given 3 to 4 times a day. The documentation submitted for review

failed to indicate how long the injured worker has been taking orphenadrine and outcome measurements while on the medication. Additionally, there are no conservative care measurements, such as physical therapy or long term functional goals for the injured worker. The request failed to indicate frequency of medication. Given the above, the request for Orphenadrine ER 100 mg, sixty count with two refills, is not medically necessary or appropriate.