

<b>Case Number:</b>	CM14-0110916		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/13/2006
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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. 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 51-year-old male injured worker suffered an industrial injury on 02/13/2006. The diagnoses included cervical fusion and piriformis syndrome. The diagnostics included cervical magnetic resonance imaging and electromyographic studies. The injured worker had been treated with aquatic physical therapy. On 6/26/2014, treating provider reported that the low back never stopped hurting. He stated that he could not pull up his legs in bed. He stated the pain was above the belt level. Following an injections he had about 4 months prior to the lumbar spine he does not have radicular pain down the right leg any longer. The pain had not stopped in the low back and he feels it was worsening. On exam, the injured worker walked with a hesitant gait and he had to have two people holding him to be able to walk to his walker. He had to be supported by his walker to walk. The lumbar spine had restricted severely painful range of motion. The treatment plan included Aquatic therapy, Hydrocodone, Oxycontin, Lyrica, and Cymbalta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 22.

**Decision rationale:** Guidelines state that aquatic therapy is specifically recommended where reduced weight bearing is desirable. Guidelines state that during physical therapy, fading of treatment frequency plus active self-directed home physical medicine should occur. In this case, the patient had been undergoing aquatic therapy since 2012, had completed many sessions, and should have been transitioned to self-directed physical therapy. The request for aquatic therapy is not medically necessary and appropriate.

**Hydrocodone 10/325mg, #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab) and Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Guidelines state that for long-term users of opioids, satisfactory response to treatment may be indicated by decreased pain, increased function, or improved quality of life. Opioids should be discontinued if there is no overall improvement in function. In this case, the patient was on opioids long term and there was no improvement in pain or functioning. The request for hydrocodone 325/10mg #240 is not medically appropriate and necessary.

**Oxycontin 40mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin (Oxycodone).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Guidelines state that opioids are indicated for moderate to severe pain. For long-term users, there should be documentation of improved pain and functionality. In this case, documents provided indicated that the patient's pain and function was unchanged. The request for oxycontin 40mg #90 is not medically appropriate and necessary.

**Lyrica 150mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (Pregabalin) and Antiepilepsy Drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-18.

**Decision rationale:** Guidelines state that antiepilepsy drugs may be effective as first line treatment of diabetic neuropathy and postherpetic neuralgia and other forms of neuropathic pain. A good response to Lyrica has been defined as 50% reduction in pain. In this case, the patient's pain levels were documented as unchanged. The request for Lyrica 150mg #60 is not medically appropriate and necessary due to lack of effective response in this patient.

**Cymbalta 60mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (Duloxetine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 43-44.

**Decision rationale:** Guidelines state that cymbalta is recommended as an option in the first line treatment for neuropathic pain and that there is no advantage to taking cymbalta twice daily except for fibromyalgia. In this case, the patient suffered from neuropathic pain responsive to cymbalta but was prescribed to take the medication twice daily. The request for cymbalta 60mg #60 is not medically appropriate and necessary.