

Case Number:	CM13-0012429		
Date Assigned:	03/03/2014	Date of Injury:	09/06/2001
Decision Date:	06/11/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/13/2013

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, has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

This patient is a 57-year-old female with a date of injury of 09/06/2001. The listed diagnoses per [REDACTED] are obesity, carpal tunnel syndrome, left knee medial meniscal tear, left knee osteoarthritis, right knee chondromalacia patella, status post right knee surgery, 02/25/2008, cervical sprain, lumbar sprain, status post left knee total arthroplasty and ring and long trigger fingers. According to report dated 07/01/2013 by [REDACTED], the patient presents with back pain, bilateral knee pain, and bilateral hand pain. The patient states she has locking and triggering of the ring and long fingers, left worse than right. Examination revealed patient has nodules palpable over the left long and ring fingers, but the left hand is much more tender than right. There is some locking noted. Examination of the lumbar spine revealed the patient has limited range of motion and positive straight leg raise test. Examination of the left knee showed good range of motion and right knee revealed crepitus, swelling, and trace of effusion. The treatment history includes physical therapy, acupuncture, and medication. The provider is recommending left long and ring finger trigger release, total right knee arthroplasty, 8 acupuncture sessions, 8 aqua therapy sessions, and refill of medication. Utilization review denied the request on 08/07/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT TOTAL KNEE ARTHROPLASTY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications For Surgery - Knee Arthroplasty: Criteria For Joint Replacement

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Joint Replacement.

Decision rationale: This patient presents with back, bilateral knee, and bilateral hand pain. The provider is requesting a right total knee arthroplasty. ODG has the following regarding knee arthroplasties. "Knee arthroplasties are well accepted as reliable and suitable surgical procedures to return patients to function." Criteria for knee joint replacement includes conservative care, subjective findings of limited ROM, nighttime joint pain, and documentation of functional limitations, PLUS objective findings of over 50 years of age, body mass index less than 35, in addition to X-rays documenting significant loss of chondral space in at least one compartment. Medical records show this patient started onset of right knee pain due to compensation from left knee arthroplasty. Examinations have revealed loss of motion, tender over the medial and lateral joint with audible crepitations. Furthermore, x-rays confirmed mild to moderate degenerative changes with complete loss of cartilage interval in the patellofemoral joint. Given the patient's age, x-ray and examination findings, and failure of conservative care, knee replacement appear appropriate. However, the provider describes the patient to be morbidly obese. Morbid obesity typical means BMI greater than 35 and ODG guidelines do not support knee replacements for BMI greater than 35. Without documentation that the patient's BMI is less than 35, the request cannot be recommended for authorization. Recommendation is for denial.

LEFT LONG AND RING TRIGGER FINGER RELEASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Trigger Finger Releases.

Decision rationale: This patient presents with back, bilateral knee, and bilateral hand pain. The provider is requesting a left long and ring trigger finger release. ODG guidelines have the following on Trigger finger releases, "Recommended where symptoms persist... In cases where symptoms persist after steroid injection, surgery may be recommended." This patient has had ring and long trigger finger complaints for some time now. ODG supports Trigger Finger Releases only after steroid injections have been tried. Review of the medical file does not provide any discussion of such. Recommendation is for denial.

ZOFRAN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Antiemetics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Disability Guidelines (ODG), Antiemetics.

Decision rationale: This patient presents with back, bilateral knee, and bilateral hand pain. The provider is requesting Zofran. The California MTUS and ACOEM Guidelines do not discuss Zofran. However, ODG Guidelines has the following regarding antiemetic, "Not recommended for nausea and vomiting secondary to chronic opiate use. Recommended for acute use as noted below for FDA approved indications. Ondansetron (Zofran), this drug is a serotonin 5-HT₃ receptor antagonist. It is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use." The provider is prescribing a course of this medication for possible nausea or vomiting following patient's right knee arthroscopy. Given the requested surgeries have not been recommended there is no need for Zofran. Recommendation is for denial.

DURACEF: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Postarthroscopy Surgical Site Infections: Review Of Literature.

Decision rationale: This patient presents with back, bilateral knee, and bilateral hand pain. The provider is requesting Duracef as a prophylactic medication in order to possibly decrease patient's susceptibility to an infections post surgery. The California MTUS, ACOEM and ODG guidelines do not discuss post operative antibiotic. Some guidelines do not support post-operative prophylaxis beyond the wound closure. However, review of literature rates post-op arthroscopic infection rate at 0.01% to 0.48%. Given the requested surgeries have not been recommended, Duracef for post operative use is not recommended.

ACUPUNCTURE, 8 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient presents with back, bilateral knee, and bilateral hand pain. The provider is requesting additional 8 acupuncture visits. For acupuncture, California MTUS page 8 recommends acupuncture for pain, suffering, and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement 1 to 2 times per

week with optimal duration of 1 to 2 months. Acupuncture treatments can be extended if functional improvement is documented. This patient has received 8 acupuncture sessions between April and May 2013. The provider states patient reports "reduction of spinal pain" with acupuncture but provides no documentation of functional improvement. Given there are no documented functional improvement from prior acupuncture treatments, recommendation is for denial.

AQUATIC THERAPY, 8 SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM, Pain, Suffreing, And The Restorative Of Function Chapter, Page 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22,98-99.

Decision rationale: This patient presents with back, bilateral knee, and bilateral hand pain. The provider is requesting additional 8 aquatic therapy sessions. California MTUS Guidelines page 22 recommends aquatic therapy as an option for land-based physical therapy in patients that could benefit from decreased weight bearing such as extreme obesity. For duration of treatment, MTUS pages 98 and 98 under physical medicine section recommends 9 to 10 sessions for various myalgia and myositis. In this case, the patient has had a recent course of 8 aquatic therapy sessions to address the lumbar spine. The patient has also participated in land therapy for post operative physical therapy for her left knee. Aquatic therapy is recommended for patients with weight bearing restrictions. Given the patient is morbidly obese, aquatic therapy may be beneficially; however the requested 8 additional sessions combined with the 8 already received exceeds what is recommended by California MTUS. Recommendation is for denial.

TIZANIDINE 4 MG #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

Decision rationale: This patient presents with back, bilateral knee, and bilateral hand pain. The provider is requesting tizanidine. The Utilization review dated 08/07/2013 denied the request stating the patient does not present with acute muscle spasms. The California MTUS Guidelines page 66 allows for the use of Zanaflex (Tizanidine) for low back pain, myofascial pain, and fibromyalgia. This is a new prescription. Given the patient's low back pain, recommendation is for approval.

GABAPENTIN 600 MG #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19.

Decision rationale: This patient presents with back, bilateral knee, and bilateral hand pain. The provider is requesting Gabapentin. Utilization review dated 08/07/2013 denied the request stating the patient does not have neuropathic pain. The California MTUS Guidelines page 18 and 19 has the following regarding Gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." This patient suffers from low back pain and has a positive straight leg raise test. As medical records show, this is a new prescription. Recommendation is for approval.

HYDROCODONE/APAP 10/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain Page(s): 60-61.

Decision rationale: This patient presents with back, bilateral knee, and bilateral hand pain. The provider is requesting a refill of Hydrocodone. Medical records show this patient has been taking Hydrocodone since at least 02/08/2013, as this is the earliest report reviewed. In report 05/31/2013, [REDACTED] states patient's genetic test results showed patient is "moderate risk category" and would indicate necessity for close monitoring of medications. Page 78 of California MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. [REDACTED] in his reports dated after the Utilization review notes that patient benefits from this medication and requires it for keeping patient's pain "stable." Review of progress reports from 02/08/2013 to 07/01/2013 does not provide any discussion of functional improvement from taking Hydrocodone. Furthermore, there is no "pain assessment" as required by California MTUS for chronic opioid use. Recommendation is for denial.

TRAMADOL ER 150 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: This patient presents with back, bilateral knee, and bilateral hand pain. The provider is requesting Tramadol "as a pain reliever so there is no gap when the patient goes home" post surgery. The California MTUS guidelines pg 76-78, criteria for initiating opioids recommends that reasonable alternatives have been tried, consider patient's likelihood of improvement, likelihood of abuse, etc. California MTUS goes on to state that baseline pain and functional assessments should be made. Once the criteria have been met a new course of opioids may be tried at that time. The provider is requesting Tramadol for post operative pain management. Given the requested surgeries have not been recommended, recommendation is for denial for post operative use of Tramadol.

RESTONE 3/100 #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 5-Hydroxytryptophan and Melatonin-Receptor Agonist.

Decision rationale: This patient presents with back, bilateral knee, and bilateral hand pain. The provider is requesting Restone for sleep. Restone is an herbal product containing melatonin/L-tryptophan. The ODG guidelines has the following regarding tryptophan, "This supplement has been found to be possibly effective in treatment of anxiety disorders, fibromyalgia, obesity and sleep disorders." Regarding Melatonin, ODG states "Melatonin-receptor agonist: Ramelteon (Rozerem[®]) is a selective melatonin agonist (MT1 and MT2) indicated for difficulty with sleep onset; is nonscheduled (has been shown to have no abuse potential)." Given the patient's continued sleep issues, recommendation is for approval.

SUMATRIPTAN 50 MG #9: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Triptans.

Decision rationale: This patient presents with back, bilateral knee, and bilateral hand pain. The provider is requesting Sumatriptan for patient's headaches. The California MTUS and ACOEM Guidelines do not discuss Imitrex. However, ODG Guidelines have the following regarding triptans for headaches, "recommended for migraine sufferers. At marked doses all oral triptans, for example, Sumatriptan (Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients." As medical records document, this patient presents with headaches. In this case, Imitrex is indicated if the patient suffers from migraines. However, this diagnosis is not provided and is not apparent based on reports reviewed. The patient appears to be suffering from cervicogenic or tension headaches. Given the patient does not suffer from migraine, recommendation is for denial.

