

<b>Case Number:</b>	CM13-0021170		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	09/28/2006
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 61-year-old female with date of injury of 9/28/06. The mechanism of injury is not described in the available medical records. The patient has had lower back pain, bilateral knee pain and ankle pain since the date of injury. She has been treated with physical therapy and medications. There are no radiographic reports available for review. The objective findings include: decreased range of motion of the lumbar spine, tenderness to palpation of the lumbar paraspinal musculature bilaterally, and shortened stride length. The diagnoses include: lumbar spine degenerative joint disease, right knee osteoarthritis, and left ankle sprain. The treatment plan and request include: Physical therapy right knee, 12 sessions; Soma, Norco, Prilosec, orthopedic shoes, 1 pair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TWELVE (12) SESSIONS OF PHYSICAL THERAPY FOR THE RIGHT KNEE (BETWEEN 8/13/13 AND 10/13/13): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (MAY 2009).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

**Decision rationale:** The claimant has complained of lower back pain, bilateral knee pain and ankle pain since the date of injury of 9/28/06. She has been treated with physical therapy and medications. The Chronic Pain Guidelines indicate that patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The guideline recommendations for physical therapy (PT) state that for the passive (out of home) PT process, nine to ten (9-10) visits over the course of eight (8) weeks are indicated for a diagnosis of myositis, unspecified. The patient has previously received this number of sessions. The medical necessity for continued passive physical therapy is not documented as there is no evidence of a recent flare, re-injury or progression of symptoms or physical exam findings to continue PT as requested. As supported by the provided documentation, the claimant should, at this point, be able to continue active (self) home therapy. Physical therapy, twelve (12) sessions for the right knee is therefore not indicated as medically necessary.

**ONE (1) PAIR OF ORTHOPEDIC SHOES (BETWEEN 8/13/13 AND 10/14/13): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, ANKLE & FOOT (ACUTE & CHRONIC)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation WWW.UPTODATE.COM

**Decision rationale:** The claimant has complained of lower back pain, bilateral knee pain and ankle pain since the date of injury of 9/28/06. She has been treated with physical therapy and medications. There are no conditions or diagnoses documented in the available medical records for which orthopedic shoes are recommended. On the basis of this lack of documentation, one (1) pair of orthopedic shoes is not indicated as medically necessary.

**PRESCRIPTION OF PRILOSEC 20MG, #60 (BETWEEN 8/13/13 AND 10/14/13): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (MAY 2009).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 67-68.

**Decision rationale:** The claimant has complained of lower back pain, bilateral knee pain and ankle pain since the date of injury of 9/28/06. She has been treated with physical therapy and medications to include Prilosec since at least 04/2012. There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal (GI) disease. No reports describe the specific risk factors for GI disease in this patient. The Chronic Pain Guidelines indicate that the chronic use of proton pump inhibitors (PPIs) can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the guidelines and the lack of medical documentation, Prilosec is not indicated as medically necessary in this patient.

**PRESCRIPTION OF SOMA 350MG, #60 (BETWEEN 8/13/13 AND 10/14/13): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (MAY 2009).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL (SOMA) Page(s): 29.

**Decision rationale:** The claimant complained of lower back pain, bilateral knee pain and ankle pain since the date of injury of 9/28/06. She has been treated with physical therapy and medications to include Soma since at least 04/2012. The Chronic Pain Guidelines indicate that Soma is not recommended, and if used, should be used only on a short term basis (4 weeks or less). On the basis of the guideline, Soma is not indicated as medically necessary.

**PRESCRIPTION OF NORCO 10/325MG, #60 (BETWEEN 8/13/13 AND 10/14/13): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (MAY 2009).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 76-85, 88-89.

**Decision rationale:** The claimant complained of lower back pain, bilateral knee pain and ankle pain since the date of injury of 9/28/06. She has been treated with physical therapy and medications, to include Norco since at least 04/2012. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the guidelines. The Chronic Pain Guidelines recommend prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the guidelines, Norco 10/325 is not indicated as medically necessary.