

<b>Case Number:</b>	CM13-0048409		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	01/01/2005
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 Occupational Medicine 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:

The applicant has filed a claim for chronic knee pain reportedly associated with an industrial injury of January 1, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; MRI imaging of the left ankle of December 14, 2013, notable for extensive arthritic changes; MRI imaging of the left knee of December 14, 2013, also notable for moderate-to-high grade tricompartmental arthritis; MRI imaging of the right knee of December 14, 2013, again notable for moderate-to-severe tricompartmental arthritis; and extensive periods of time off of work. In a Utilization Review Report of October 15, 2013, the claims denied a request for additional aquatic therapy, hydrocodone, Celebrex, lidocaine, a TENS unit, associated batteries, lead wires, and adhesive removers. The claims administrator used a variety of guidelines to deny some of the requests here. MTUS Guidelines were cited in the physical therapy denial, along with non-MTUS ODG Guidelines, although the MTUS did seemingly address the topic at hand. In a progress note of June 17, 2013, the applicant is described as totally temporarily disabled and is not working. On August 19, 2013, the applicant was described as having bilateral knee pain secondary to arthritis. Ancillary issues including low back pain and ankle pain were also reported. The applicant was asked to pursue to a six-session course of aquatic therapy and Lidoderm patches while remaining off of work, on total temporary disability. In a subsequent progress note of September 3, 2013, the attending provider stated that the applicant had completed four of the six sessions of aquatic therapy previously authorized. The applicant nevertheless reported persistent pain complaints, including complaints of knee pain. The applicant stated that physical therapy had improved flexibility. The applicant also stated that Norco is beneficial. Gastrointestinal pain was reportedly diminished with Prilosec, it was further stated. The applicant was described as using Norco, Celebrex, Prilosec, and Lidoderm patches.

The applicant was again placed off of work, on total temporary disability, and asked to obtain a TENS unit purchase along with associated supplies.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **SIX (6) ADDITIONAL AQUATIC THERAPY VISITS FOR THE BILATERAL KNEE.:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** No, the request for six additional sessions of aquatic therapy is not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does support aquatic therapy as an optional form of exercise therapy in those applicants in whom reduced weightbearing is desirable, in this case, however, including individuals such as the applicant, who has evidence of severe knee arthritis and ankle arthritis, the applicant has already had six earlier sessions of aquatic therapy, which were not beneficial. The applicant has failed to affect any lasting benefit or functional improvement following completion of the six recent sessions of aquatic therapy. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant on various medications and other medical treatments. All of the above, taken together, imply that the earlier aquatic therapy was not beneficial. Therefore, the request for additional aquatic therapy is not certified.

#### **HYDROCODONE/ACETAMIN 325, 10MG #60.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80, 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**Decision rationale:** The request for hydrocodone-acetaminophen is likewise not medically necessary, medically appropriate, or indicated here. Hydrocodone-acetaminophen is an opioid. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, none of the aforementioned criteria has seemingly been met. The applicant is off of work, on total temporary disability. The applicant's physical impairment is substantial. There is no clear evidence of analgesia and/or improved ability to perform activities of daily living achieved as a result of ongoing hydrocodone usage. Therefore, the request is not certified.

**CELECOBIX 200MG #30.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids- High Risk Of Git Complications Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

**Decision rationale:** The request for Celebrex or Celecoxib is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, COX-2 inhibitors such as Celebrex may be indicated in applicants with history of GI complications with other NSAIDs but is not, per the MTUS, recommended for the majority of applicants. In this case, however, it is not clearly stated why Celebrex is being prescribed. There is no clear mention of issues related to GI complications in the past, which would support provision of Celebrex, COX-2 inhibitor. Therefore, the request is not certified, on Independent Medical Review.

**LIDOCAINE PATCH 1 BOX:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

**Decision rationale:** The request for lidocaine patches one box is not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine patches are indicated in the treatment of localized peripheral pain (AKA neuropathic pain) in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, however, there is no evidence of failure of antidepressants and/or anticonvulsants before Lidoderm patches were sought. Therefore, the request is not certified, on Independent Medical Review.

**TENS UNIT PURCHASE.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114, 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS Page(s): 116.

**Decision rationale:** The proposed TENS unit purchase is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a decision to purchase a TENS unit should be predicated on evidence of a favorable one-month trial of the same, with positive outcomes in terms of both pain relief and function. In this case, however, the applicant has seemingly been provided with a

TENS unit in the past. There has, however, been no demonstration of functional improvement as defined in MTUS 9792.20f. The applicant remains highly reliant on various medications. The applicant remains off of work. Purchase of a TENS unit is not indicated, for all of the stated reasons, as it does not appear that the applicant has had a successful one-month trial of the same.

**ELECTRODE PACK #6.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tens Page(s): 114, 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS Page(s): 116.

**Decision rationale:** Similarly, the proposed electrodes are likewise not medically necessary, medically appropriate, or indicated here. Since the primary request for a TENS unit has been denied, the derivative electrodes are also denied, as page 116 of the MTUS Chronic Pain Medical Treatment Guidelines does state that long-term provision of a TENS unit and associated supplies should be predicated on evidence of improvement with earlier treatment. In this case, there is no such evidence of improvement with earlier TENS therapy. Therefore, the request is not certified.

**ALKALINE BATTERY 9V #6.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tens Page(s): 114, 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS Page(s): 116.

**Decision rationale:** The proposed alkaline batteries are likewise not certified. Again on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines only support provision of a TENS unit in applicants in whom there has been a favorable outcome in terms of both pain relief and function. In this case, however, there has been no evidence of a favorable outcome in terms of pain relief or function with the prior TENS unit. Therefore, the request for a derivative supply, an alkaline battery, is likewise not certified.

**TT & SS LEADWIRE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tens Page(s): 114, 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS Page(s): 116.

**Decision rationale:** The proposed lead wires are likewise not medically necessary, medically appropriate, or indicated here. The lead wires in question represent a means of delivery in TENS

therapy. In this case, however, it does not appear that the applicant has achieved the requisite favorable outcome in terms of pain relief or function following earlier usage of the TENS device in question. Therefore, the request for a derivation supply, of the lead wire, is likewise not certified, on Independent Medical Review.

**ADHESIVE REMOVER TOWEL MINT #24:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114, 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS Page(s): 116.

**Decision rationale:** The proposed adhesive removal towels are likewise not medically necessary, medically appropriate, or indicated here. The adhesive removal towels were apparently intended to be employed in conjunction with a TENS unit. In this case, however, as noted above, the applicant has not achieved a favorable outcome in terms of either pain relief or function despite ongoing usage of the TENS unit. Therefore, the derivative request and/or derivative supplies, such as the adhesive towel remover, are also not certified, on Independent Medical Review.