

<b>Case Number:</b>	CM13-0050767		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/16/2004
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 61 year-old male sustained an injury on 4/16/04 while employed by [REDACTED]. Requests under consideration include Physical Therapy times 8 to the lumbar and right knee and refill of Ultram 50 mg 1 bid #50. Diagnoses include multi-level HNP lumbar spine with stenosis; s/p Left knee arthroscopy; Left medial compartmental arthropathy, probably medial meniscal tear; and Right knee medial meniscal tear. Report of 10/10/13 from [REDACTED] noted patient with continued back pain, but has functional improvement and pain relief with adjunct of therapy and medication. Exam of lumbar spine showed slight tenderness of lower paravertebral musculature; limited flexion/ ext/ lateral bending at 60/ 10/ 30 degrees; strength of lower extremities globally intact; Right and left knee with tenderness along medial joint line and pain with flexion. Patient was noted to continue working in current capacity. Treatment plan included refill of Ultram and additional PT which were non-certified on 11/11/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy times 8 to the lumbar and right knee:** Upheld

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

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

**Decision rationale:** This 61 year-old male sustained an injury on 4/16/04 while employed by [REDACTED]. Requests under consideration include Physical Therapy times 8 to the lumbar and right knee. Diagnoses include multi-level HNP lumbar spine with stenosis; s/p Left knee arthroscopy; Left medial compartmental arthropathy, probably medial meniscal tear; and Right knee medial meniscal tear. Report of 10/10/13 from [REDACTED] [REDACTED] noted patient with continued back pain, but has functional improvement and pain relief with adjunct of therapy and medication. Exam of lumbar spine showed slight tenderness of lower paravertebral musculature; limited flexion/ ext/ lateral bending at 60/ 10/ 30 degrees; strength of lower extremities globally intact; Right and left knee with tenderness along medial joint line and pain with flexion. Patient was noted to continue working in current capacity. Review indicates the patient was certified physical therapy treatment in July 2013; however, no specific report regarding its beneficial efficacy has been documented. Present complaints are continued chronic pain with exam showing tenderness and decreased range, but without identified neurological deficits. Submitted reports have no acute flare-up or specific physical limitations to support for physical therapy. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The employee has failed conservative treatment without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support treatment request. The Physical Therapy times 8 to the lumbar and right knee is not medically necessary and appropriate.

**refill of Ultram 50 mg 1 bid #50:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79.

**Decision rationale:** This 61 year-old male sustained an injury on 4/16/04 while employed by [REDACTED]. Requests under consideration include refill of Ultram 50 mg 1 bid #50. Diagnoses include multi-level HNP lumbar spine with stenosis; s/p Left knee arthroscopy; Left medial compartmental arthropathy, probably medial meniscal tear; and Right knee medial meniscal tear. Report of 10/10/13 from [REDACTED] [REDACTED] noted patient with continued back pain, but has functional improvement and pain relief with adjunct of therapy and medication. Exam of lumbar spine showed slight tenderness of lower paravertebral musculature; limited flexion/ ext/ lateral bending at 60/ 10/ 30 degrees; strength of lower extremities globally intact; Right and left knee with tenderness along medial joint line and pain with flexion. Patient was noted to continue working in current capacity. Per the MTUS Guidelines cited, opioid use in

the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The refill of Ultram 50 mg 1 bid #50 is not medically necessary and appropriate.