

<b>Case Number:</b>	CM13-0058418		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/15/2011
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 & 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 58-year-old female with date of injury of 08/15/2011. Per treating physician's report, 08/19/2013, diagnostic impression and plan were that the patient has symptoms consistent with recurrent meniscal tear of the right knee and lumbosacral spondylosis. The recommendation was for Norco, Vicodin, Ultracet, and Voltaren. Report by [REDACTED] 01/09/2013 lists diagnoses of right knee surgery, right knee sprain, depression, and this report indicates that the patient is currently participating in physical therapy, but after physical therapy, she feels more pain especially in the lumbar spine. MRI was reviewed from 03/12/2013 that showed oblique tear of the posterior horn medial meniscus, low-grade strain of the ACL, subchondral edema.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF NORCO:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Long Term Use) Page(s): 88-89.

**Decision rationale:** This patient presents with chronic low back and knee pain with history of knee surgery. There is a request for Norco per treating physician's report 08/19/2013. However, review of the reports show that this patient was started on Vicodin #60 on 08/21/2013 by another physician, [REDACTED]. The current request for Norco is by [REDACTED]. None of the reports show that there has been significant improvement with use of medications. The treater's report 09/18/2013 states, "With the help of medication, she is functional." Aside from this generic statement, there are no numeric scales used, no significant documentation of change in the activities of daily living, analgesia from medication, no discussion of adverse effects or aberrant behavior. The patient's pain level has continued to remain as 7/10 to 8/10 per 10/16/2013, which is not any different from prior reports. MTUS Guidelines requires documentation of pain and functional changes with use of medication particularly for chronic opiate use. Outcome measures including pain level, least and average pain, time of onset of medication, duration of pain relief with medication use are required. Discussion of the 4As including analgesia, activities of daily living, adverse effects, aberrant behavior is required. In this case, none of the reports provide any of this information. Recommendation is for denial.

**PRESCRIPTION OF VICODIN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Long Term Use) Page(s): 88-89.

**Decision rationale:** This patient presents with chronic knee and low back pain. There is a request for Vicodin #60. Review of the reports show that this patient was started on Vicodin on 08/21/2013. On 09/18/2013, there is a statement, "With the help of medication, she is functional." However, there are no numerical scales provided, no documentation of the 4As including analgesia, activities of daily living, adverse effects, adverse behavior. MTUS Guidelines require documentation of the 4 A's as well as outcome measures. Numerical scale is required to denote functional and pain changes. In this case, a generic statement, the medications are helping, is inadequate documentation for ongoing use of opiates. Recommendation is for denial.

**PRESCRIPTION OF ULTRACET:** Upheld

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

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

**Decision rationale:** This patient presents with chronic low back and knee pain. There is a request for Ultracet. However, review of the reports show that the patient tried tramadol extended release 150 mg on 07/10/2013. After this medication, there is no discussion as to how this medication has been effective. Ultracet is tramadol with Tylenol. If tramadol extended

release has not worked, it is not known why the treating physician has prescribed Ultracet. MTUS Guidelines page 60 require documentation of pain and function with medications used for chronic pain. In this case, there is no documentation that Ultracet or tramadol has been helpful in managing this patient's pain. None of the review of the reports would indicate that tramadol was not effective as the medication was changed to Vicodin. It is not known why the treater continues or wants to try Ultracet. Recommendation is for denial.

**PHYSICAL THERAPY TO THE ILIOTIBIAL (IT) BAND AND MEDIAL PLICA/ROPATELLAR, QUANTITY 8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

**Decision rationale:** This patient presents with chronic low back and knee pains. There is a request for physical therapy to address the iliotibial (IT) band and the medial plica. The treating physician does not discuss the patient's treatment history. Review of the reports show that the patient has had physical therapy in the past. On 01/09/2013, the treater indicates that the patient participates in physical therapy but has more pain after physical therapy. Additional physical therapy was provided on 10/16/2013 but this may have been after the physical therapy was requested. Utilization review letter is from 09/30/2013. MTUS Guidelines allows 8 to 10 sessions of physical therapy for myalgia/myositis, the type of condition this patient suffers from. MTUS Guidelines page 8 states that the physician should periodically review the course of treatment of the patient and continuation or modification of pain management depends on the physician's evaluation of progress towards treatment objectives. In this case, physical therapy in the past has not benefited this patient. Additional physical therapy does not appear to be warranted. One may argue that the current request is to address the patient's IT band and the medial plica of the knee. However, the treating physician does not review the physical therapy reports from prior visits. Addressing IT band of the knee are standard treatments of atypical physical therapy. The treating physician should be reviewing the physical therapy notes and determining whether or not the prior physical therapy has been inadequate. Recommendation is for denial.