

<b>Case Number:</b>	CM14-0104652		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/31/2003
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 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 injured worker is a 71-year-old female who reported an injury on 01/31/2003. The mechanism of injury was not provided. On 06/09/2014 the injured worker presented with pain in the bilateral knees. Much of this note is handwritten and highly illegible. The diagnoses were left total knee arthroscopy and right lumbar bursitis. Prior therapy included physical therapy and medications. The provider recommended physical therapy for the left knee and Ultram. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Physical Therapy left knee 2 x6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guide; Physical Therapy; Physical Medicine Page(s): 103. Decision based on Non-MTUS Citation CA/MTUSACOEM/Second ED/ Chapter 5: ACOEM Chapter 5 page 83.

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

**Decision rationale:** The request for Physical Therapy left knee 2 x6 is not medically necessary. The California MTUS Guidelines state that active therapy is based on the philosophy that

therapeutic exercises and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires and internal effort by the individual to complete a specific exercise or task. Injured workers are encouraged and expected to continue active therapies at home as an extension of the treatment process, in order to maintain improvement levels. There was lack of documentation indicating the injured worker's progress with physical therapy. The guidelines recommend 10 visits of physical therapy, and the amount of physical therapy visits that have already been completed was not provided. The provider's request for physical therapy 2 times a week for 6 weeks exceeds the guidelines' recommendation. Injured workers are instructed and expected to continue active therapies at home, and there are no significant barriers to transitioning the injured worker to an independent home exercise program. As such, the request is not medically necessary.

**Ultram:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guide; Tramadol (Ultram) Page(s): 119.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

**Decision rationale:** The request for Ultram is not medically necessary. The California MTUS Guidelines recommend the use opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of documentation of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior and side effects. Additionally, the provider's request does not indicate the dose, quantity or frequency of the medication in the request as submitted. As such, the request is not medically necessary.

**Protonix:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Pain Chapter): Proton pump Inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms and Cardiovascular Risk, Page(s): 68.

**Decision rationale:** The request for Protonix is not medically necessary. According to the California MTUS Guidelines, proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAIDs medication who are at moderate to high risk for gastrointestinal events. There is lack of evidence that the injured worker had a diagnosis congruent with the guideline recommendation for protonix, there is lack of evidence that the injured worker is at risk for gastrointestinal events. As such, the request is not medically necessary.

**Fentanyl Patch:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guidelines; Duragesic (Fentanyl transdermal system) Page(s): 74 - 82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic Page(s): 44.

**Decision rationale:** The California MTUS does not recommend Fentanyl as a first line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. There is lack documentation of the efficacy of the prior use of the medication. There was lack of documentation that the injured worker failed a first line treatment. The provider did not state the dose, quantity, or frequency of the medication in the request as submitted. Therefore, the request is not medically necessary.