

Case Number:	CM14-0013896		
Date Assigned:	02/26/2014	Date of Injury:	03/17/2003
Decision Date:	08/04/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/03/2014

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 Orthopedic Surgery 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 patient is a 55-year-old male who has filed a claim for right knee osteoarthritis associated with an industrial injury date of March 17, 2003. Review of progress notes indicates bilateral knee pain and low back pain. Findings include mild limp, positive straight leg raise test bilaterally, trace reflexes of the lower extremities, positive joint line tenderness of both knees, moderate crepitation of the right knee, positive McMurray's test on the right, and positive patellar compression test of both knees. Treatment to date has included opioids, glucosamine, muscle relaxants, NSAIDs, topical analgesics, extensive physical therapy and aquatic therapy, acupuncture, right knee cortisone and Supart injections, and lap band. Utilization review, undated, denied the requests for aquatic therapy 2x4 to knee, lumbar spine, and shoulder; hydrocodone 10/325 #90; cyclobenzaprine 7.5mg #90; tramadol; and gabapentin #90. The reasons for denial were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC PHYSICAL THERAPY TWO TIMES PER WEEK FOR FOUR WEEKS TO KNEE, LUMBAR SPINE AND SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

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

Decision rationale: According to page 22 of CA MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. This patient is obese, however there is no mention of the patient's current BMI. There is mention that patient had extensive physical therapy and aquatic therapy, but there is no documentation describing these sessions, or the derived benefits. Therefore, the request for aquatic therapy 2x4 to knee, lumbar spine, and shoulder was not medically necessary.

HYDROCODONE 10/325 (#90): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Opioids, criteria for use; On-Going Management Page(s): 78-82.

Decision rationale: As noted on pages 78-82 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since at least April 2011. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication, or of periodic urine drug screens to monitor medication use. Therefore, the request for hydrocodone 10/325 #90 was not medically necessary.

CYCLOBENZAPRINE 7.5 MG (#90): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that cyclobenzaprine is a skeletal muscle relaxant and a CNS depressant that is recommended as a short-course therapy. The effect is greatest in the first 4 days of treatment. There is no documentation of significant muscle spasms or acute exacerbations to support this request. Therefore, the request for cyclobenzaprine 7.5mg #90 was not medically necessary.

TRAMADOL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

Decision rationale: As noted on pages 78-82 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since at least April 2011. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication, or of periodic urine drug screens to monitor medication use. Also, the requested dosage and quantity is not specified. Therefore, the request for tramadol was not medically necessary.

GABAPENTIN (#90): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16 - 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: As stated on pages 16-18 in the CA MTUS Chronic Pain Medical Treatment Guidelines, gabapentin is useful for treating diabetic painful neuropathy and postherpetic neuralgia, and is considered first-line for neuropathic pain. Patient has been on this medication since June 2013. There is no documentation of neuropathic pain in this patient to support the continued use of this medication. Therefore, the request for gabapentin #90 was not medically necessary.