MAXIMUS Federal Services

Case Number:	CM14-0120355		
Date Assigned:	08/06/2014	Date of Injury:	04/24/2003
Decision Date:	10/03/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/30/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 51-year-old female with a 4/24/03 date of injury. At the time (6/20/14) of request for authorization for twelve sessions of aquatic therapy for the left knee, unknown prescription for Terocin Patches, unknown prescription for Ultram, unknown prescription for Celebrex, and unknown prescription for Prilosec, there is documentation of subjective (continued neck pain and left knee pain, increased with range of motion) and objective (positive Spurling's test, tenderness over the trapezius and rhomboids, and decreased cervical range of motion; left knee painful range of motion with tenderness over the patella, positive effusion, and decreased left knee range of motion) findings, current diagnoses (left knee chondromalacia, right wrist tendinitis, and cervical degenerative disc disease), and treatment to date (physical therapy and ongoing therapy with Prilosec, Celebrex, Soma and Norco). In addition, medical reports identify history of weight gain with BMI of 31.4 and history of gastritis and dyspepsia secondary to chronic NSAID use. Regarding twelve sessions of aquatic therapy for the left knee, there is no (clear) documentation of a condition/diagnosis where reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). Regarding unknown prescription for Ultram, there is no documentation of moderate to severe pain, that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of aquatic therapy, for the left knee.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy and Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy and Physical Medicine Guidelines Page(s): 98 22. Decision based on Non-MTUS Citation Knee, Aquatic Therapy, Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing), as criteria necessary to support the medical necessity of aquatic therapy. MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies visits for up to 9 visits over 8 weeks in the management of chondromalacia of the knee. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of left knee chondromalacia, right wrist tendinitis, and cervical degenerative disc disease. However, despite documentation of a history of weight gain with BMI of 31.4, there is no (clear) documentation of a condition/diagnosis where reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). In addition, the proposed number of sessions exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for twelve sessions of aquatic therapy for the left knee is not medically necessary.

Unknown prescription for Terocin Patches.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Terocin patch contains ingredients that include Lidocaine and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion

or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other anti-epilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of left knee chondromalacia, right wrist tendinitis, and cervical degenerative disc disease. However, Terocin contains at least one drug (Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for unknown prescription for Terocin Patches is not medically necessary.

Unknown prescription for Ultram.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram (Tramadol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80, 113. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

Decision rationale: Specifically regarding Ultram, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Ultram used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Ultram. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of left knee chondromalacia, right wrist tendinitis, and cervical degenerative disc disease. In addition, there is documentation of Ultram used as a second-line treatment (in combination with first-line drugs). However, despite documentation of continued pain, there is no (clear) documentation of moderate to severe pain. In addition, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of ongoing treatment with Ultram, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Ultram. Therefore, based on guidelines and a review of the evidence, the request for unknown prescription for Ultram is not medically necessary.

An unknown prescription for Celebrex.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Page(s): 22. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation high-risk of GI complications with NSAIDs, as criteria necessary to support the medical necessity of Celebrex. Within the medical information available for review, there is documentation of diagnoses of left knee chondromalacia, right wrist tendinitis, and cervical degenerative disc disease. In addition, given documentation of history of gastritis and dyspepsia secondary to chronic NSAID use, there is documentation of GI complications with NSAIDs. However there is no documentation of dosage and quantity requested. Therefore, based on guidelines and a review of the evidence, the request for An unknown prescription for Celebrex is not medically necessary.

An unknown prescription for Prilosec.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of left knee chondromalacia, right wrist tendinitis, and cervical degenerative disc disease. In addition, given documentation of history of gastritis and dyspepsia secondary to chronic NSAID use, there is documentation that the intention of the request is to prevent GI complications with NSAIDs. However there is no documentation of dosage and quantity requested. Therefore, based on guidelines and a review of the evidence, the request for unknown prescription for Prilosec is not medically necessary.