

<b>Case Number:</b>	CM14-0131580		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	09/23/2012
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 & 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:

This 48 year-old patient sustained an injury on 9/23/12 while employed by [REDACTED]. Request(s) under consideration include 120 Ultram (Tramadol) 50mg and 12 additional aquatic therapy sessions. Hand-written difficult to read report of 2/24/14 from the provider noted the patient with continued right knee stiffness and pain; had acupuncture therapy and sessions of aqua therapy with pain rated at 3-4 "remains the same since last exam." Exam showed right knee tender medial/ lateral joint; slight swelling; flex/est 110-0 degrees; slight PF crepitus. Diagnoses included right knee mod-severe OA; right Achilles tendon secondary to alt gait. Treatment included continuing aqua therapy with patient remaining off work until 6 weeks. Report of 6/25/14 from the provider noted ongoing knee symptoms with buckling, giving way, swelling, and limited range. The patient has lost 50 pounds on weight loss program and has improved with aquatic treatment. The patient still complained of moderate to severe, frequent cramping and weakness; has completed 8/8 aquatic visits; pain level reported 4/10 without medications and with medications to 1/10. Exam showed knee AROM of 115-0 degrees with swelling; medial and lateral joint line tenderness; positive crepitus; 4+/5 myotomes. Treatment consideration included Synvisc injection and continuing with meds and aquatic therapy. The request(s) for 120 Ultram (Tramadol) 50mg was modified for #90 and 12 additional aquatic therapy sessions was non-certified on 7/29/14 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:

## **120 Ultram (Tramadol) 50mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines ( May 2009); regarding Opioids for osteoarthritis; Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** 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 change in 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 120 Ultram (Tramadol) 50mg is not medically necessary and appropriate.

## **12 additional aquatic therapy sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, May 2009; Aquatic therapy. Decision based on Non-MTUS Citation ODG Physical Medicine Guidelines Official Disability Guideline - Knee & Leg (Acute & Chronic).

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

**Decision rationale:** Per Guidelines, 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. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports showed no evidence of functional benefit, unchanged or increased 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. Submitted reports have not adequately demonstrated the indication to support for the additional aquatic therapy. The 12 additional aquatic therapy sessions is not medically necessary and appropriate.

