

<b>Case Number:</b>	CM14-0139588		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	11/24/2013
<b>Decision Date:</b>	12/22/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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, 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:

The patient is a 37 year old male with an injury date of 11/24/13. Based on the 05/21/14 progress report provided by treating physician, the patient complains of neck pain radiating to the left upper extremity, low back pain radiating to the left lower extremity, and bilateral knee pain. Per physician report dated 06/26/14, patient complains of bilateral knee pain rated 5-6/10 with crepitus. A physical examination to the cervical spine on 05/21/14 revealed tenderness to palpation to the paraspinal muscles extending to the upper trapezius, left greater than right, and decreased range of motion. Examination of the lumbar spine revealed left iliac crest being higher than the right by 1cm, and tenderness to palpation to the paraspinal muscles and the lumbosacral junction and positive straight leg raising test on the left. A physical examination to the bilateral knees revealed tenderness to palpation over the medial and lateral joint lines, right side greater than left, as well as over the patellar region. McMurray's test elicited complaints of increased pain only. The Patellofemoral Compression/Grind test was positive for increased retropatellar pain bilaterally. The patient's medications prescribed in progress reports dated 05/21/14, 06/26/14 and 08/07/14 included Ultram, Prilosec, and Norflex. Ultram is prescribed to treat chronic pain syndromes. Prilosec is prescribed to manage gastrointestinal symptoms. In review of systems, physician indicates that patient is positive for gastrointestinal nausea, vomiting, diarrhea and abdominal pain. Norflex is prescribed for the treatment of spasm to resume activity and function. Per physician report dated 08/07/14, pain is rated 1/10 with and 6-7/10 without medications. Per Request for Authorization form dated 08/07/14, physician is requesting P.T. trial (2-3 sessions) cervical spine traction. Per the requesting physician's report dated 08/07/14, MRI of left knee was taken on 07/23/14. Physician states that "radiologist recommended proximal left tibio/fibular MRI with contrast to further assess soft tissue mass at

posteromedial proximal tibial metaphyseal region noted on left knee MRI." Per progress report dated 08/07/14, physician is requesting "right knee medial unloader brace with BioniCare system, given X-ray/MRI findings to avoid invasive treatment, i.e. synvisc injection." The patient is temporarily totally disabled. Diagnosis 05/21/14:- Bilateral knee sprain with patellofemoral arthralgia- Lumbar spine musculoligamentous sprain/strain with left lower extremity radiculitis. - Cervical spine musculoligamentous sprain/strain with left upper extremity radiculitis.- History of post-traumatic headaches, further comments deferred to the neurological specialist- History of gastritis secondary to prescribed medication, further comments deferred to the consulting internal medicine specialist.- History of sleeping difficulties secondary to chronic pain and disability, further comments deferred to the sleep medicine specialist.- History of right hip and bilateral ankle pain, currently asymptomatic. The utilization review determination being challenged is dated 08/14/14. The rationale follows:- Ultram: "... no supporting evidence of objective functional improvement..."- Prilosec: "no documentation of GI complaints or concurrent NSAIDs use..."- Norflex: "guidelines do not recommend long term use of this medication..."- Physical therapy to the cervical spine: "in this case, further details regarding the previous treatment to address complains is not specified ...it is unclear when the last physical therapy session and the total number of sessions the claimant has completed to date..." - MRI of the left lower extremity: "certified"- Right knee medial unloader brace with BioniCare knee system purchase: "examination reveals no evidence of knee instability or any ligament insufficiency..."Treatment reports were provided from 05/21/14 - 08/07/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ultram 50mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88-89,78.

**Decision rationale:** The MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per the physician reports dated 05/21/14, 06/26/14 and 08/07/14, Ultram is prescribed to treat chronic pain syndromes. In this case, physician has not stated how Ultram reduces pain and significantly improves patient's activities of daily living; the four A's are not specifically addressed including discussions regarding adverse effects, aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, the request is not medically necessary.

**Prilosec 20mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Proton Pump Inhibitors (PPI's)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

**Decision rationale:** The MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. The MTUS page 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per physician reports dated 05/21/14, 06/26/14 and 08/07/14, Prilosec is prescribed to manage gastrointestinal symptoms. In review of systems, physician indicates that patient is positive for gastrointestinal nausea, vomiting, diarrhea and abdominal pain. Per diagnosis dated 05/25/14, "patient has history of gastritis secondary to prescribed medication, further comments deferred to the consulting internal medicine specialist." However, physician has not mentioned which medication causes gastritis, and based on guidelines, patient is not on oral NSAIDs to consider PPI for prophylactic use. Furthermore, physician does not indicate how the patient is doing and why he needs to continue when it's been almost 3 months from the UR date of 08/14/14. Given the lack of documentation of continued need for this medication, the request is not medically necessary.

**Norflex 100mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Muscle Relaxants (for pain)

**Decision rationale:** The MTUS Guidelines pages 63 through 66 states "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain." The ODG-TWC, Pain (Chronic) chapter, Muscle relaxants (for pain) states: Antispasmodics: Orphenadrine (Norflex, generic available): This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. .. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." Per physician reports dated 05/21/14, 06/26/14 and 08/07/14, Norflex is prescribed for the treatment of spasm to resume activity and function. Patient has been prescribed Norflex for almost 3 months from the UR date of 08/14/14. Guidelines do not indicate prolonged use due to diminished effect, dependence, and reported abuse. Moreover, the request for quantity 60 does not indicate intended short term use. The request is not medically necessary.

**Physical Therapy x 3 sessions for cervical spine:** Overturned

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

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

**Decision rationale:** The MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." A UR letter dated 08/14/14 states "in this case, further details regarding the previous treatment to address complains is not specified ...it is unclear when the last physical therapy session and the total number of sessions the claimant has completed to date..." Per Request for Authorization form dated 08/07/14, physician is requesting P.T. trial (2-3 sessions) cervical spine traction. Patient presents with cervical spine musculoligamentous sprain/strain with left upper extremity radiculitis. Medical records do not show patient has had physical therapy in the past. Given the patient's diagnosis, the request for trial of physical therapy with cervical spine traction appears reasonable. The request is medically necessary.

**MRI Left lower extremity:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC, Knee & Leg (Acute & Chronic) Chapter, MRI).

**Decision rationale:** The ACOEM Guidelines states "special studies are not needed to evaluate most complaints until after a period of conservative care and observation. For patients with significant hemarthrosis and a history of acute trauma, radiograph is indicated to evaluate for fracture." ODG guidelines may be more appropriate at addressing chronic knee condition. The ODG states that an MRI is reasonable if internal derangement is suspected (ODG-TWC, Knee & Leg (Acute & Chronic) Chapter, MRI). Per physician report dated 08/07/14, MRI of left knee was taken on 07/23/14. Physician states that "radiologist recommended proximal left tibio/fibular MRI with contrast to further assess soft tissue mass at posteromedial proximal tibial metaphyseal region noted on left knee MRI." For an updated or repeat MRI, the patient must be post-operative or present with a new injury, red flags such as infection, tumor, fracture or neurologic progression. This patient presents with a soft tissue mass, and the request is for repeat MRI with contrast. Given the possibility of tumor, the request is considered medically necessary.

**Right knee medial unloader brace with bionicare knee system purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG-TWC

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Chapter states: BioniCare knee device

**Decision rationale:** The ODG-TWC, Knee & Leg (Acute & Chronic) Chapter states: "BioniCare knee device: Recommended as an option for patients in a therapeutic exercise program for osteoarthritis of the knee, who may be candidates for total knee arthroplasty (TKA) but want to defer surgery. See also TENS (transcutaneous electrical nerve stimulation). This device received FDA approval as a TENS device, but there are additional claims of tissue regeneration effectiveness and studies suggesting the possibility of deferral of TKA with use of the BioniCare device. Compared with TENS there are differences in the electrical signal (having a monophasic pulsed time varying waveform versus biphasic with TENS), electrical stimulus (having signal strengths that the patient cannot detect), FDA indications for use (includes overall improvement of knee osteoarthritis), mechanisms of action (includes cartilage stimulation), onset and duration of action (analgesia is delayed but the effect persists longer), route of administration (only for use overlying the osteoarthritic knee), hours of use (6-10 hours/day while sleeping, versus 10-30 minutes/day for TENS)." Per progress report dated 08/07/14, physician is requesting "right knee medial unloader brace with BioniCare system, given X-ray/MRI findings to avoid invasive treatment, i.e. synvisc injection." However, in review of medical records, patient does not have a diagnosis of osteoarthritis, and the patient is not a candidate for total knee arthroplasty. The request is not in line with guideline indications. The request is not medically necessary.