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| Case Number: | CM14-0166330 | | |
| Date Assigned: | 10/13/2014 | Date of Injury: | 06/02/2012 |
| Decision Date: | 11/17/2014 | UR Denial Date: | 09/30/2014 |
| Priority: | Standard | Application Received: | 10/09/2014 |

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of June 2, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; unspecified amounts of physical therapy; unspecified amounts of aquatic therapy; topical agents; earlier knee surgery; and extensive periods of time off work. In a utilization review report dated September 23, 2014, the claims administrator failed to approve a request for physical therapy, Medrox, and tramadol while apparently approving a request for Naprosyn and Omeprazole. The applicant's attorney subsequently appealed. In an April 17, 2014, progress note, the applicant reported multifocal complaints of low back pain, knee pain, and hip pain. 12 sessions of aquatic therapy were sought. The applicant was given refills of Medrox, Naprosyn, Prilosec, and kept off work, on total temporary disability. In a March 22, 2014 a progress note was acknowledged that the applicant was off work, on total temporary disability, at that point in time. In a May 22, 2014, progress note, the applicant was described as unimproved. Aquatic therapy, Medrox, Naprosyn, and Prilosec were again endorsed while the applicant was kept off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 Times A Week for 4 Weeks: Upheld

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

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

Decision rationale: The 12-session course of treatment proposed, in and of itself represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for Myalgias and myositis of various body parts, the issue reportedly present here. It is further noted that this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continuing treatment. In this case, however, the applicant is off work, on total temporary disability. Earlier physical therapy has failed to curtail the applicant's dependence on other forms of medical treatment, including cortisone injection therapy, opioid therapy, tramadol, acupuncture, etc. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(f), despite earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.

Medrox Pain Relief Ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28 and 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Topic, MTUS 9792.20(f) Page(s): 99, 8.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as Medrox are deemed "largely experimental." In this case, the applicant has already received the prescription for Medrox, despite the unfavorable MTUS position on the same. The applicant has, furthermore, failed to demonstrate any lasting benefit or functional improvement through ongoing usage of Medrox. The applicant remains off work. Ongoing usage of Medrox has failed to curtail the applicant's dependence on other forms of medical treatment, including Physical Therapy, Acupuncture, opioids such as Tramadol, etc. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS despite ongoing usage of Medrox. Therefore, the request is not medically necessary.

Tramadol 50 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram Page(s): 82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When To Continue Opioids Topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful

return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off work, on total temporary disability. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing usage of Tramadol. Therefore, the request is not medically necessary.