

Case Number:	CM14-0171317		
Date Assigned:	10/23/2014	Date of Injury:	12/07/1994
Decision Date:	11/25/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/16/2014

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 Family 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:

This is a 60-year-old female who reported an industrial injury on 12/7/1994, almost 20 years ago, attributed to the performance of her usual and customary job tasks. The patient is being treated for bilateral knee pain and bilateral ankle pain. The pain was rated as 2/10 up to episodes of 8/10 with no numbness or tingling. The pain was aggravated by walking and standing along with prolonged sitting and driving. The objective findings on examination by the requesting physician included right knee tenderness, left knee tenderness of the lateral aspect of the joint line and medial patella joint line, mildly positive compression testing, gait with a limp. The diagnosis was medial meniscus tear of the knee. The treatment plan included a Synvisc injection to the left knee; a six-month gym membership to improve overall conditioning; aspirin EC 81 mg #30 with 11 refills; gabapentin 100 mg #90 with 11 refills; Triamterene HCTZ 75-50 mg #15 with 11 refills; Naproxen 550 mg #60; Tramadol 50 mg #40.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF ASPIRIN EC 81MG #30 WITH 11 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 22; 67 - 68. Decision based on Non-MTUS Citation Other

Medical Treatment Guideline or Medical Evidence: General disciplinary guidelines for the practice of medicine and coronary artery disease

Decision rationale: The patient was prescribed daily ASA 81 mg as prophylaxis for Coronary Artery Disease. The treatment request does not support the medical necessity for heart disease prophylaxis as an effect of the industrial injury. The documented objective findings are not consistent with CAD. There is no clinical documentation to support the initiation of ASA prophylaxis for this patient on an industrial basis. There was no documented heart examination by the treating physician. There was no rationale supported with objective evidence that there was a medical necessity for ASA 81 mg for the treatment of a medial meniscal tear of the knee. There was no demonstrated medical necessity or rationale to support the medical necessity of the prescription of ASA 81 mg #30 with 11 refills for the treatment of the industrial injury to the knee or ankle.

1 PRESCRIPTON OF GABAPENTIN 100MG #90 WITH 11 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs; specific anti-epilepsy drugs gabapentin Page(s): 16; 18, 110. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-medications for chronic pain

Decision rationale: The treating physician has prescribed gabapentin 100 mg #90 with refill x11 to the patient for the treatment of knee pain over a prolonged period of time without the documentation of efficacy noted in the ongoing clinical record. The treating physician has prescribed Neurontin/gabapentin 100 mg #90 with refills x11 directed to the diagnosis of medial meniscus tear of the knee. There is no documentation of functional improvement with the prescription of the gabapentin 100 mg tid. The diagnoses do not include any neuropathic pain components. The patient is not noted to have evidence of neuropathic pain. The patient is not demonstrated to have neuropathic pain for which Gabapentin has provided functional improvement. The prescription of Gabapentin (Neurontin) was not demonstrated to have been effective for the patient for the chronic pain issues. The treating physician has provided this medication for the daily management of this patient's chronic pain. The prescription of Gabapentin (Neurontin) is recommended for neuropathic pain; however the ACOEM Guidelines. Gabapentin or pregabalin is not recommended for treatment of chronic, non-neuropathic pain by the ACOEM Guidelines. The ACOEM Guidelines revised chronic pain chapter states that there is insufficient evidence for the use of Gabapentin/Neurontin for the treatment of knee and ankle arthritis. The CA MTUS and the Official Disability Guidelines state that there is insufficient evidence to support the use of Gabapentin or Lyrica for the treatment of chronic pain. The prescription of Gabapentin for neuropathic pain was supported with objective findings on physical examination. There was objective evidence that the recommended conservative treatment with the recommended medications have been provided. The use of Gabapentin/Lyrica should be for neuropathic pain. Presently, there is documented objective evidence of neuropathic pain for which the use of Gabapentin is recommended. The patient has demonstrated neuropathic

pain secondary to a nerve impingement neuropathy as neuropathic pain for which Gabapentin/Lyrica is recommended. The prescription of Gabapentin is recommended for neuropathic pain and is used to treat postherpetic neuralgia and painful polyneuropathy such as diabetic polyneuropathy. Anti-epilepsy drugs (AEDs) are recommended on a trial basis (Lyrica/gabapentin/pregabalin) as a first-line therapy for painful polyneuropathy such as diabetic polyneuropathy. The updated chapter of the ACOEM Guidelines does not recommend the use of Lyrica or Gabapentin (Neurontin) for the treatment of axial back pain or back pain without radiculopathy. The use of Gabapentin is for neuropathic pain; however, evidence-based guidelines do not recommend the prescription of Gabapentin for chronic lower back pain with a subjective or objective radiculopathy and favors alternative treatment. The request for gabapentin 100 mg #90 x11 refills is demonstrated to be medically necessary; there is no demonstrated medical necessity for gabapentin 100 mg #90 with refills x11. There was no rationale supported with objective evidence provided by the treating physician to support the medical necessity of Neurontin/Gabapentin when the patient has been diagnosed with no neuropathic pain.

1 SYNVISIC INJECTION TO THE LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 240; 337-39. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter--Hyaluronic acid injections

Decision rationale: The patient is diagnosed with osteoarthritis of the left knee and is being recommended a Synvisc injection x1 for continued knee pain directed to the diagnosis of unspecified osteoarthritis. There is no demonstrated medical necessity for viscosupplementation with Supartz. The provider did not document objective evidence to support the medical necessity of continued viscosupplementation for the treatment of the left knee in relation to the criteria recommended by the California MTUS. There is no demonstrated grade of osteoarthritis. There are no stated imaging findings on x-rays or MRI to determine whether the patient has severe osteoarthritis warranting a possible TKA in the near future. The Official Disability Guidelines recommend viscosupplementation as indicated for patients who: Experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications). Are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement. Younger patients wanting to delay total knee replacement. There is no rationale supported with objective evidence provided by the requesting physician to support the medical necessity of a Synvisc injection to the left knee for the diagnosis of medial meniscus tear.

1 SIX MONTH GYMMEMBERSHIP:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 299-301; 15-16; 94, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) back chapter-PT and exercises; aerobic exercises gym memberships; neck and upper back chapter--PT; exercise; aerobic exercise

Decision rationale: There is no rationale provided that the patient cannot participate in a self-directed home exercise program for conditioning and strengthening. The patient has not been demonstrated to be participating in HEP. Aquatic therapy or a gym membership is not recommended for maintenance therapy when the patient is able to participate in land-based exercise. There is no demonstrated medical necessity for requested GYM/POOL membership for six (6) months over the recommended self-directed HEP. Strengthening of the ankles and knees does not require exercise machines or pool therapy and is not medically necessary as opposed to the land-based self-directed home exercise program recommended by the CA MTUS 20 years after the DOI. The request for a GYM/pool membership for the patient for his chronic knee pain was not supported with objective evidence to support medical necessity as opposed to a self-directed home exercise program for continued conditioning and strengthening. The patient has been documented to receive a substantial amount of physical therapy and conservative treatment. There is no objective evidence provided to support the medical necessity of the requested gym/pool membership x six (6) months. There is no evidence provided that the patient is precluded from land-based exercises. The use of pool therapy is clearly available to the patient on an independent basis as a preferred exercise; however, there is no evidence that it is medically necessary over the recommended HEP. The treating physician did not provide subjective/objective evidence to support the medical necessity of the GYM/pool membership for the treatment of the patient's knee pain issues over the recommended participation in a self-directed home exercise program. The patient has been provided with a significant number of sessions of physical therapy on this industrial claim and the additional sessions requested exceed the recommendations of evidence-based guidelines. The patient should be in a self-directed home exercise program for conditioning and strengthening. There is no provided subjective/objective evidence to support the medical necessity of a Pool or GYM membership or supervised exercise program for the cited diagnoses. There is no objective evidence to support the medical necessity of a GYM/POOL membership or supervised exercise program over the recommended self-directed home exercise program. The Official Disability Guidelines do not specifically address the use of Pool/Gym memberships for treatment of the back and state that, "Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines." The use of gym memberships or advanced exercise equipment without supervision by a health professional is not recommended. The ACOEM Guidelines state: "Aerobic exercise is beneficial as a conservative management technique, and exercising as little as 20 minutes twice a week can be effective in managing low back pain." The recommendations of the evidence-based guidelines are consistent with a self-directed home exercise program for conditioning and strengthening without the necessity of professional supervision. There is strong scientific evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is no sufficient objective evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A

therapeutic exercise program should be initiated at the start of any treatment rehabilitation. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. The patient will continue to benefit from an exercise program for her continued conditioning; however, there is no provided objective evidence that this is accomplished with the addition of a supervised exercise program for an unspecified period of time. The ability to increase conditioning and strengthening is not dependent upon a gym membership but upon exercise in general. Patients are counseled to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Once the instructions or exercises are learned, the patient may exercise on their own with a self-directed home exercise program. Self-directed home exercises can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The available clinical records do not demonstrate a significant functional deficit that would support the medical necessity of a formal pool or gym membership. The patient is not documented to participate in a self-directed HEP for the required stretching, strengthening, and conditioning as recommended by the ACOEM Guidelines and has demonstrated functional improvement without the use of sophisticated gym equipment. The patient has been provided with instructions to integrate into in a self-directed home exercise program for conditioning and strengthening without the necessity of professional supervision. There was no subjective/objective medical evidence provided to support the medical necessity for the requested pool/gym membership over a self-directed home program.

1 PRESCRIPTION OF TRAMADOL HCL 50MG #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter chronic pain medications; opioids

Decision rationale: Evidence-based guidelines recommend short-term use of opioids for the management of chronic nonmalignant moderate to severe pain. Long-term use is not recommended for nonmalignant pain due to addiction, dependency, intolerance, abuse, misuse, and/or side effects. Ongoing opioid management criteria are required for long-term use with evidence of reduce pain and improve function as compared to baseline measurements or a return to work. The prescription for Tramadol 50 mg #40 for short acting pain relief is being prescribed as an opioid analgesic for the treatment of chronic pain. There is no objective evidence provided to support the continued prescription of opioid analgesics for chronic pain with no objective findings on examination. There is no documented functional improvement from this opioid analgesic and the prescribed Tramadol should be discontinued. The ACOEM Guidelines and CA MTUS do not recommend opioids for chronic pain. The chronic use of Tramadol is not recommended by the CA MTUS; the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic pain only as a treatment of last resort for intractable pain. The provider has provided no objective evidence to support the medical necessity of continued Tramadol for chronic pain. The ACOEM Guidelines updated chapter on chronic pain state, "Opiates for the treatment of mechanical and compressive etiologies: rarely beneficial. Chronic

pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, long-range adverse effects such as hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect." ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms; they should be used only if needed for severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, if: The patient has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended or agreed to by the clinician. ACOEM also notes, "Pain medications are typically not useful in the subacute and chronic phases and have been shown to be the most important factor impeding recovery of function." The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic knee or ankle pain. The current prescription of opioid analgesics is consistent with evidence-based guidelines based on intractable pain. The prescription of Tramadol 50 mg #40 as prescribed to the patient is demonstrated to be not medically necessary.