

Case Number:	CM14-0029447		
Date Assigned:	06/16/2014	Date of Injury:	10/03/1983
Decision Date:	07/30/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/07/2014

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 57-year-old male with a 10/3/83 date of injury, and status post right knee arthroplasty 5/6/10. At the time (2/25/14) of request for authorization for Nucynta ER 50mg one bid #60-denied, physical therapy times twelve, two times six for left and right knee denied, and Butrans patch 5mcg/hour patch, one patch for severe days #4-denied, there is documentation of subjective (chronic knee pain located in the left patella, right knee pain) and objective (difficulty walking, sitting, and standing, 4+/5 muscle strength for all groups of the right lower extremity, left knee range of motion decreased with pain, positive McMurray, abnormal patellar girdle) findings, current diagnoses (status post right knee arthroplasty May 5, 2010, left knee pain potentially as a consequence of the right knee injury, lateral instability, status post total knee replacement with strain of the collateral ligaments), and treatment to date (physical therapy x 42 visits, home exercise program, and medications (including Nucynta since at least 12/13)). 3/21/14 medical report identifies that the patient has had no signs of illicit drug abuse or addiction in a number of years, has had negative UDS, signed a narcotic agreement, and has noted increased functional capacity with the medications with decrease of pain of 75% during the length of their effect. In addition, 2/18/14 medical report identifies that the patient has had marked improvement in function, strength, and range of motion in the past with physical therapy. Regarding the requested Nucynta ER 50mg one bid #60-denied, there is no documentation that Nucynta is being used as a second line therapy due to intolerable adverse effects with first line opioids. Regarding the requested physical therapy times twelve, two times six for left and right knee denied, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. Regarding the requested Butrans patch 5mcg/hour patch, one patch for severe days

#4-denied, there is no documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction).

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA ER 50MG ONE BID #60-DENIED: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Tapentadol (Nucynta).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate 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. ODG identifies documentation of Nucynta used as a second line therapy for patients who develop intolerable adverse effects with first line opioids, as criteria necessary to support the medical necessity of Nucynta. Within the medical information available for review, there is documentation of diagnoses of status post right knee arthroplasty May 5, 2010, left knee pain potentially as a consequence of the right knee injury, lateral instability, status post total knee replacement with strain of the collateral ligaments. In addition, there is documentation of an opioid agreement. However, there is no documentation that Nucynta is being used as a second line therapy due to intolerable adverse effects with first line opioids. Therefore, based on guidelines and a review of the evidence, the request for Nucynta ER 50mg one bid #60 is not medically necessary.

PHYSICAL THERAPY TIMES TWELVE, TWO TIMES SIX FOR LEFT AND RIGHT KNEE DENIED: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines < physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Physical Therapy.

Decision rationale: 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 recommends a limited course of physical therapy for patients with a diagnosis of sprains and strains of knee and leg not to exceed 12 visits over 8 weeks. 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 status post right knee arthroplasty May 5, 2010, left knee pain potentially as a consequence of the right knee injury, lateral instability, status post total knee replacement with strain of the collateral ligaments. In addition, there is documentation of 42 physical therapy visits completed to date with reported marked improvement in function, strength, and range of motion. However, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. Therefore, based on guidelines and a review of the evidence, the request for physical therapy times twelve, two times six for left and right knee denied is not medically necessary.

BUTRANS PATCH 5MCG/HOUR PATCH, ONE PATCH FOR SEVEN DAYS #4-DENIED: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction), as criteria necessary to support the medical necessity of Buprenorphine. Within the medical information available for review, there is documentation of diagnoses of status post right knee arthroplasty May 5, 2010, left knee pain potentially as a consequence of the right knee injury, lateral instability, status post total knee replacement with strain of the collateral ligaments. However, there is no documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction). Therefore, based on guidelines and a review of the evidence, the request for Butrans patch 5mcg/hour patch, one patch for severe days #4 is not medically necessary.