

Case Number:	CM14-0030784		
Date Assigned:	06/20/2014	Date of Injury:	09/30/2003
Decision Date:	07/21/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/11/2014

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 low back pain, hip arthritis, knee pain, carpal tunnel syndrome, and shoulder pain reportedly associated with an industrial injury of September 30, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; two knee arthroscopies; a total knee arthroplasty surgery, a total hip arthroplasty surgery; unspecified amounts of physical therapy over the course of the claim; a wheelchair; and extensive periods of time off of work. In a Utilization Review Report dated March 4, 2014, the claims administrator denied a request for Norco, denied a request for Voltaren gel, denied an outpatient drug screen, and denied outpatient physical therapy. The claims administrator did not apparently cite any guidelines insofar as the request for physical therapy was concerned and based its denial on a reportedly deficient progress note on the part of the attending provider. The claims administrator stated, as part of the rationale for denial, that the attending provider did not describe the applicant's range of motion or gait. The applicant's attorney subsequently appealed. It appears that the applicant did subsequently undergo a total knee arthroplasty on April 15, 2014. On December 17, 2013, the applicant was described as not working. The applicant was immobile and using motorized scooter to move about, it was stated. The applicant apparently had a very poor quality of life, it was stated. On January 29, 2014, it was again stated that the applicant was off of work. The applicant presented with left knee pain and instability. The applicant was status post bilateral total hip arthroplasties and a left knee total knee arthroplasty. The applicant was also status post two wrist surgeries. The applicant was using Synthroid, Norvasc, colchicine, Pravachol, and hydrochlorothiazide, it was stated. It was stated that the applicant had x-rays of the knee which showed what appeared to be a well-aligned prosthesis with no evidence of loosening. The

applicant did apparently exhibit an antalgic gait requiring usage of a walker. The applicant was obese with a BMI of 31. Aggressive physical therapy was sought prior to consideration of arthroscopic evaluation under anesthesia. On February 4, 2014, it was stated that the applicant was using a walker and that a motorized scooter was being sought. On February 14, 2014, it was again stated that the applicant had bilateral knee pain, 8/10, was unstable, and unable to ambulate. It was again stated that the applicant was not working, despite ongoing usage of Norco and Voltaren gel. The remainder of the file was surveyed. It appeared that the applicant may have received earlier physical therapy in October 2012 but did not appear to have received any physical therapy treatment since that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, QTY: 100 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 80, 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 ongoing opioid usage. In this case, however, the information on file suggests that the applicant's pain complaints are heightened, as opposed to reduce, despite ongoing opioid usage. The applicant is off of work. The applicant's quality of life is described as extremely poor and the applicant is consistently described as nonfunctional to semi-functional, requiring a walker and/or scooter to move about. All of the above, taken together, suggests that none of criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy have seemingly been met here. Therefore, the request is not medically necessary.

Voltaren gel, QTY: 100 GM with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 112, Topical Voltaren section.2. MTUS page 7. Page(s): 112, 7.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of Voltaren gel in applicants with small joint arthritis, such as the advanced knee arthritis seemingly present here, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does state that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, there has been no discussion of medication efficacy. The applicant has not reported any benefit with ongoing

Voltaren usage. The applicant has not demonstrated any functional improvement as defined in MTUS 9792.20f despite ongoing usage of Voltaren. The applicant remains off of work. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including opioid therapy. Therefore, the request is not medically necessary.

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 43, Drug Testing topic.2. ODG Chronic Pain Chapter, Urine Drug Testing topic. Page(s): 43.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter Urine Drug Testing topic, it is incumbent upon the attending provider to clearly state when the last time an applicant was tested, state which drug tests and/or drug panels are being tested for, and/or attach the applicant's complete medical list to the request for testing. In this case, however, the attending provider did not state when the applicant was tested. The attending provider did not clearly state which drug tests and/or drug panels were being sought here. Therefore, the proposed urine drug screen is not medically necessary.

Outpatient Physical Therapy to the lumbar and left leg twice a week for 4 weeks, QTY: 8: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 99, Physical Medicine topic. Page(s): 99.

Decision rationale: The eight-session course of treatment proposed here does conform to 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. The attending provider did state that he intended the applicant to perform the physical therapy in question as a means of potentially obviating the need for a knee manipulation under anesthesia surgery/knee diagnostic arthroscopy surgery. The applicant had not, moreover, had any documented physical therapy on file since 2012, well before the date of the request. Since that point in time, it appears that the applicant's condition significantly took a turn for the worse. The applicant did develop marked gait derangement requiring usage of a walker and/or scooter. Contrary to what was suggested by the claims administrator, the attending provider did, in fact, describe the applicant's gait and other physical impairments on numerous office visits, referenced above. Therefore, the proposed eight sessions of physical therapy are/were medically necessary, for all of the stated reasons.

