

<b>Case Number:</b>	CM14-0036088		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	01/24/2011
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Geriatrics and is licensed to practice in New York. 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 38 year old worker was injured on 1/24/2011. At issue is the request for the prescriptions for Tramadol, Vicoprofen, left knee hinged brace, TENs unit and aqua therapy. The appeal letter from 3/20/14, advocates for coverage of these items in this 38 year old injured worker with a date of injury of 1/24/11. Her current medications were hydrocodone, Tramadol, Lidoderm patches, montelukast, Bupropion and buspirone. She is status post left knee surgery in 2012 and lumbar discectomy and fusion in 2010. Her physical exam showed tenderness to palpation of the right and left medial knee with restricted range of motion in both knees. Sensation was intact and she had an antalgic gait. She was tender in the prepatellar region of the left knee. Her diagnoses included bilateral knee degenerative joint disease, left knee internal derangement status post arthroscopy and degenerative changes in the right patellofemoral joint. The appeal states that the denied modalities will decrease her pain and that she has failed land-based physical therapy (records indicate this was in 2012).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 37.5/325 #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 84-94.

**Decision rationale:** Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. A recent Cochrane review found that this drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Adverse events often caused study participants to discontinue this medication, and could limit usefulness. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects to justify long-term use. The tramadol is denied as not medically necessary.

**Vicoprofen 7.5/200mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80 and 66-73.

**Decision rationale:** This old injured worker has chronic knee pain. Her medical course has included numerous diagnostic and treatment modalities including surgery and long-term use of several medications including narcotics and NSAIDs. NSAIDs are recommended as an option for short-term symptomatic relief. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or side effects to justify long-term use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The records do not sufficiently support the medical necessity of vicoprofen for long-term use.

**Left Knee Hinged Brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers' Compensation, Online Edition, Chapter, Knee and Leg.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340-359.

**Decision rationale:** A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a

brace is usually unnecessary. The medical records do not substantiate the need for a hinged knee brace in this injured worker with chronic pain or that she will be stressing the knee under load to support brace use.

**Purchase Transcutaneous Electrical Nerve Stimulation (TENS) unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 113-117.

**Decision rationale:** Aqua therapy is in question for this injured worker for her knee pain. Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, as in extreme obesity. In this case, the records do not justify why aquatherapy is indicated over a course of land based therapy (which was last done in 2012) and the aquatherapy is therefore not medically indicated.

**Aquatic Therapy 2xwk x 5wks Bilateral Knees: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 22.

**Decision rationale:** Aquatherapy is in question for this injured worker for her knee pain. Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, as in extreme obesity. In this case, the records do not justify why aquatherapy is indicated over a course of land based therapy (which was last done in 2012) and the aquatherapy is therefore not medically indicated.