

Case Number:	CM14-0048760		
Date Assigned:	08/08/2014	Date of Injury:	12/08/2001
Decision Date:	09/22/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/17/2014

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 Emergency 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 injured worker is a 51 year-old female, who sustained an injury on December 8, 2001. The mechanism of injury is not noted. Diagnostics have included: January 24, 2014 urine drug screen reported as showing negative for Tramadol, benzodiazepines. Treatments have included: right knee arthroscopy dated June 28, 2013, aquatic therapy, medications. The current diagnoses are: lumbar spine herniated disc, cervical spine strain, right knee plica syndrome and chondromalacia. The stated purpose of the request for Tramadol (through [REDACTED]) unknown dosage or amount, was not noted. The request for Tramadol (through [REDACTED]) unknown dosage or amount, was denied on March 13, 2014, citing a lack of documentation of derived functional improvement. The stated purpose of the request for Naproxen (through [REDACTED]) unknown dosage or amount, was not noted. The request for Naproxen (through [REDACTED]) unknown dosage or amount, was denied on March 13, 2014, citing a lack of documentation of derived functional improvement. The stated purpose of the request for Doral (through [REDACTED]) unknown dosage or amount, was not noted. The request for Doral (through [REDACTED]) unknown dosage or amount, was denied on March 13, 2014, citing a lack of documentation of current sleep complaints. The stated purpose of the request for Cyclobenzaprine (through [REDACTED]) unknown dosage or amount, was not noted. The request for Cyclobenzaprine (through [REDACTED]) unknown dosage or amount, was denied on March 13, 2014, citing a lack of documentation of derived functional improvement. The stated purpose of the request for Omeprazole (through [REDACTED]) unknown dosage or amount, was not noted. The request for Omeprazole (through [REDACTED]) unknown dosage or amount, was denied on March 13, 2014, citing a lack of documentation of current GERD symptoms and the previous non-

certification of Naproxen. The stated purpose of the request for 16 additional aquatic therapy sessions (through Align Networks 866-389-0211), was not noted. The request for 16 additional aquatic therapy sessions (through Align Networks 866-389-0211), was denied on March 13, 2014, citing a lack of documentation of intolerance to land-based physical therapy. The stated purpose of the request for 1 urinalysis toxicology screening (through [REDACTED]), was not noted. The request for 1 urinalysis toxicology screening (through [REDACTED]), was denied on March 13, 2014, noting that Tramadol had been non-certified. Per the report dated February 21, 2014, the treating physician noted complaints of pain to the low back and right knee with radiation and numbness and tingling to the right lower extremity and right upper extremity, despite 6 sessions of aquatic therapy. Exam findings included restricted range of motion of the cervical and lumbar spines with tenderness and spasms, right knee mild effusion and palpable tenderness, negative straight leg raising tests. Per the report dated March 28, 2014, the treating physician noted complaints of pain to the left knee and right knee with locking of the right knee. Exam findings included restricted range of motion of the cervical and lumbar spines with tenderness and spasms, right knee mild effusion and palpable tenderness, negative straight leg raising tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol (through [REDACTED]) unknown dosage or amount: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management , Opioids for Chronic Pain Page(s): 78-80,80-82.

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain to the left knee and right knee with locking of the right knee. The treating physician has documented restricted range of motion of the cervical and lumbar spines with tenderness and spasms, right knee mild effusion and palpable tenderness, negative straight leg raising tests. The treating physician has not documented objective evidence of derived functional improvement from its previous use which has been prescribed since December 2013, such as reduced work restrictions, improved activities of daily living or reduced medical intervention dependency. The criteria noted above not having been met, Tramadol (through [REDACTED]) unknown dosage or amount, is not medically necessary.

Naproxen (through [REDACTED]) unknown dosage or amount: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has pain to the left knee and right knee with locking of the right knee. The treating physician has documented restricted range of motion of the cervical and lumbar spines with tenderness and spasms, right knee mild effusion and palpable tenderness, negative straight leg raising tests. The treating physician has not documented current inflammatory conditions, derived functional improvement from its previous use which has been prescribed since August 2013, nor hepatorenal lab testing. The criteria noted above not having been met, Naproxen (through [REDACTED]) unknown dosage or amount, is not medically necessary.

Doral (through [REDACTED]) unknown dosage or amount: 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 Benzodiazepines Page(s): 24.

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has pain to the left knee and right knee with locking of the right knee. The treating physician has documented restricted range of motion of the cervical and lumbar spines with tenderness and spasms, right knee mild effusion and palpable tenderness, negative straight leg raising tests. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, current sleep disturbance, nor objective evidence of derived functional benefit from its previous use, which has been prescribed since October 2013. The criteria noted above not having been met, Doral (through [REDACTED]) unknown dosage or amount, is not medically necessary.

Cyclobenzaprine (through [REDACTED]) unknown dosage or amount:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has pain to the left knee and right knee with locking of the right knee. The treating physician has documented restricted range of motion of the cervical and lumbar spines with tenderness and spasms, right knee mild effusion and palpable tenderness, negative straight leg raising tests. The treating physician has not documented intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use which has been prescribed since February 2013. The criteria noted above not having been met, Cyclobenzaprine (through [REDACTED]) unknown dosage or amount, is not medically necessary.

Omeprazole (through [REDACTED]) unknown dosage or amount: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs and gastrointestinal symptoms.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has pain to the left knee and right knee with locking of the right knee. The treating physician has documented restricted range of motion of the cervical and lumbar spines with tenderness and spasms, right knee mild effusion and palpable tenderness, negative straight leg raising tests. The treating physician has not documented current medication-induced GI complaints nor GI risk factors nor derived symptomatic or functional improvement from its use. The criteria noted above not having been met, Omeprazole (through [REDACTED]) unknown dosage or amount, is not medically necessary.

16 additional aquatic therapy sessions (through [REDACTED]): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, Page 22, note that 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, for example extreme obesity." The injured worker has pain to the left knee and right knee with locking of the right knee. The treating physician has documented restricted range of motion of the cervical and lumbar spines with tenderness and spasms, right knee mild effusion and palpable tenderness, negative straight leg raising tests. The treating physician has not documented failed land-based therapy nor the patient's inability to tolerate a gravity-resisted therapy program nor objective evidence of derived functional improvement from the completed six sessions of aquatic therapy. The criteria noted above not having been met, 16 additional aquatic therapy sessions (through [REDACTED]), is not medically necessary.

1 urinalysis toxicology screening (through [REDACTED]): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS: University of Michigan Health System for Clinical Care, page 10.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has pain to the left knee and right knee with locking of the right knee. The treating physician has documented restricted range of motion of the cervical and lumbar spines with tenderness and spasms, right knee mild effusion and palpable tenderness, negative straight leg raising tests. There is no documentation of provider concerns for illicit drug use, potential related actions taken from previous screening results, collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, 1 urinalysis toxicology screening (through [REDACTED]), is not medically necessary.