

<b>Case Number:</b>	CM14-0185176		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	06/25/2000
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 54-year-old male with injury date of 06/25/00. Based on the 10/15/14 progress report, the patient complains of neck, low back pain with radicular symptoms, and bilateral knee pain. Patient reports a recent flare up to his bilateral neck and low back, and worsening bilateral knee pain and weakness. Physical examination to the thoracolumbar spine revealed bilateral paraspinal tenderness, and limited and painful lumbar range of motion. Patient walks with a cane. Examination to the knee revealed bilateral patellar tenderness, positive bilateral pain with squatting, and positive bilateral McMurray's test. Treater requests Aqua therapy for patient's back pain "flare up," and states that previous therapy was "successful in providing the patient with pain relief and functional improvement." For worsening knee pain, treater requests bilateral patellar support braces. Patient declined cervical epidural injection and visco supplementation injections for the right knee. Treater refilled Norco and prescribed Biofreeze lotion per 10/15/14 progress report. Surgeries noted per 10/15/14 progress report:-Lumbar spinal fusion L5-S1 in 2005-Left knee arthroscopy with partial medial and lateral meniscectomy and chondroplasty 08/30/12-Left middle finger surgery, right knee arthroscopy with partial medial meniscectomy and chondroplasty and synovectomy 03/15/12 Diagnosis 10/15/14-Bilateral knee medial meniscus tear-Cervical spine central stenosis at C3-C4 with a 4.5 mm disc herniation-Disc bulge at L3-L4 and L4-L5 with central and an neural foraminal stenosis-Disc bulges of C5-6 and C6-7-Lumbar spine status post fusion L5-S1-Status post left knee arthroscopy with partial medial and lateral meniscectomy and chondroplasty medial femoral condyle-Status post right knee arthroscopy with meniscectomy and chondroplasty The utilization review determination being challenged is dated 10/24/14. The rationale follows:1) AQUA THERAPY X 6 SESSIONS: "...no information provided that the patient does not tolerate land-based therapy or that the

patient is unable to do home exercises....no indication of functional deficits that would require formal therapy versus home exercise program."2) BILATERAL PATELLAR SUPPORT BRACES: "...no clinical examination findings noting knee instability."3) NORCO 10/325 MG #120: "...modified for Norco 10/325 mg #60.4) BIOFREEZE LOTION 250 CC: "...no documentation noting the safety and efficacy of this medication....no documentation of failure of oral medications or other conservative treatment." Treatment report provided was dated 10/15/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Aqua therapy x 6 sessions:** 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 Aquatic therapy Page(s): 22.

**Decision rationale:** Patient presents with neck, low back, and bilateral knee pain. The request is for AQUA THERAPY X 6 SESSIONS. Patient is status post lumbar spinal fusion L5-S1 in 2005 and bilateral knee arthroscopy with meniscectomy and chondroplasty, date unspecified. Diagnosis dated 10/15/14 included bilateral knee medial meniscus tear, disc bulges at C5-6 and C6-7, and disc bulges at L3-L4 and L4-L5. Treater refilled Norco and prescribed Biofreeze lotion per 10/15/14 progress report. MTUS Guidelines, page 22, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Aquatic therapy: "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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007)" Patient reported having a recent low back pain flare up, and treater recommended Aqua therapy because previous therapy was "successful in providing the patient with pain relief and functional improvement." Treater has not discussed need for weight-reduced exercises or extreme obesity to qualify patient for water therapy. Furthermore, there is no documentation regarding the number of previous visits to make a decision based on guidelines or discussion why patient can't move on to home exercise program. The request does not meet guideline indications. Recommendation is for denial.

**Bilateral patellar support braces:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) chapter, Knee brace

**Decision rationale:** Patient presents with neck, low back, and bilateral knee pain. The request is for BILATERAL PATELLAR SUPPORT BRACES. Patient complains of worsening bilateral knee pain and weakness. Based on 10/15/14 progress report, patient is status post "left knee arthroscopy with partial medial and lateral meniscectomy and chondroplasty," and "right knee arthroscopy with partial medial meniscectomy and chondroplasty and synovectomy" in 2012. Diagnosis dated 10/15/14 included bilateral knee medial meniscus tear. Examination to the knee on 10/15/14 revealed bilateral patellar tenderness, positive bilateral pain with squatting, and positive bilateral McMurray's test. Treater refilled Norco and prescribed Biofreeze lotion per 10/15/14 progress report. ODG Guidelines, Knee & Leg (Acute & Chronic) chapter, Knee brace: Criteria for the use of knee braces: Prefabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability 2. Ligament insufficiency/deficiency 3. Reconstructed ligament 4. Articular defect repair 5. Avascular necrosis 6. Meniscal cartilage repair 7. Painful failed total knee arthroplasty 8. Painful high tibial osteotomy 9. Painful unicompartmental osteoarthritis 10. Tibial plateau fracture Per progress report dated 10/15/14, treater is requesting bilateral patellar support braces for worsening knee pain. Patient is status post bilateral meniscal repair including cartilage repair in 2012. ODG guidelines allow knee braces for "meniscal cartilage repair." Recommendation is for authorization.

**Norco 10/325 mg #120:** 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 CRITERIA FOR USE OF OPIOIDS Page(s): 78, 88-89.

**Decision rationale:** Patient presents with neck, low back, and bilateral knee pain. The request is for NORCO 10/325 MG #120. Patient is status post lumbar spinal fusion L5-S1 in 2005 and bilateral knee arthroscopy with meniscectomy and chondroplasty, date unspecified. Diagnosis dated 10/15/14 included bilateral knee medial meniscus tear, disc bulges at C5-6 and C6-7, and disc bulges at L3-L4 and L4-L5. Treater refilled Norco and prescribed Biofreeze lotion per 10/15/14 progress report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Treater has not provided reason for the request, nor medication history. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living; there are no numerical scales; the four A's are not specifically addressed including discussions regarding adverse effects, aberrant drug

behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, recommendation is for denial.

**Biofreeze lotion 250 cc:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Biofreeze® cryotherapy gel

**Decision rationale:** Patient presents with neck, low back, and bilateral knee pain. The request is for BIOFREEZE LOTION 250 CC. Patient is status post lumbar spinal fusion L5-S1 in 2005 and bilateral knee arthroscopy with meniscectomy and chondroplasty, date unspecified. Diagnosis dated 10/15/14 included bilateral knee medial meniscus tear, disc bulges at C5-6 and C6-7, and disc bulges at L3-L4 and L4-L5. Treater refilled Norco and prescribed Biofreeze lotion per 10/15/14 progress report. ODG-TWC, Low Back -Lumbar & Thoracic (Acute & Chronic) Chapter, Biofreeze cryotherapy gel: "Recommended as an optional form of cryotherapy for acute pain. Biofreeze is a nonprescription topical cooling agent with the active ingredient menthol that takes the place of ice packs. Whereas ice packs only work for a limited period of time, Biofreeze can last much longer before reapplication. This randomized controlled study designed to determine the pain-relieving effect of Biofreeze on acute low back pain concluded that significant pain reduction was found after each week of treatment in the experimental group." Treater has not provided reason for the request, nor indicated what body part would be treated. Per progress report dated 10/15/14, patient reported a recent "flare up" in his low back pain. Biofreeze would be recommended for acute low back pain. Given the support in ODG for the use of this product, recommendation is for authorization.