

Case Number:	CM14-0194749		
Date Assigned:	12/02/2014	Date of Injury:	02/03/2004
Decision Date:	01/15/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/20/2014

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 56 year old female with an injury date on 02/03/2004. Based on the 10/09/2014 progress report provided by the treating physician, the diagnoses are: 1. Osteoarthritis, unspecified whether generalized or localized (715.96) 2. Joint pain (719.46) According to this report, the patient complains of pain and clicking of the left knee, left leg pain and severe lower back pain. Pain is a 4/10. Objective findings reveal "locking, stiffness and limited range of motion to the left knee." The 09/05/2014 report the patient indicates Norco "helped to reduce her pain, increase her functional capacity, and facilitate activities of daily living" and does not cause over sedation, drowsiness, nausea, or vomiting. The 08/04/2014 report indicates patient "is doing well, walking more." Patient is status post left knee total arthroplasty on 07/14/2014. The treatment plan is to refill medications, UDS, physical therapy, use heat/ice, and return for follow up in six weeks. The patient is to "remain off work until 11/25/2014." There were no other significant findings noted on this report. The utilization review denied the request for (1) 12 physical therapy sessions, (2) 1 urine toxicology screen, (3) 1 prescription of Norco 10/325mg #60, (4) 1 prescription of Omeprazole 20mg #60, and (5) 1 prescription of Gabapentin 600mg #60 on 10/28/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 01/13/2014 to 12/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: According to the 10/09/2014 requesting report, this patient is 2 1/5 month post status left knee arthroplasty with continue pain and clicking of the left knee with left leg pain and severe lower back pain. The current request is for 12 physical therapy sessions. Regarding post-op knee arthroplasty therapy treatments, MTUS guidelines recommend 24 visits over 10 weeks with treatment timeframe of 4 months. Review of the 08/15/2014 to 10/07/2014 physical therapy reports show that the patient has completed 11 post-op therapy sessions. The 10/07/2014 physical therapy report states patient has "5/10 pain in left knee." The 10/09/2014 physician report indicates physical therapy "is helping to decrease pain but does remain symptomatic." In this case, patient has had completed 11 sessions of therapy, the requested 12 additional sessions appears reasonable and consistent with guidelines. The MTUS guidelines support 24 sessions of post-operative therapy. The current request is medically necessary.

1 urine toxicology screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines UDS Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under urine drug testing

Decision rationale: According to the 10/09/2014 requesting report, this patient presents with pain and clicking of the left knee, left leg pain and severe lower back pain. The current request is for 1 urine toxicology screen. Regarding UDS's, MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. A review of the available medical records indicates the patient is currently on Norco (an opiate). UR alludes "a urine drug screen was ordered on 08/25/2014 and subsequently certified on 09/09/2014 as per review #1098458." In reviewing the reports provided there were no discussion regarding the patient showing any adverse behavior with opiates use. The treating physician did not explain why another UDS is needed. There is no discussion regarding this patient being at risk for any aberrant behaviors. The current request is not medically necessary.

1 prescription of Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60-61, 88-89, 76-78.

Decision rationale: According to the 10/09/2014 requesting report, this patient presents with pain and clicking of the left knee, left leg pain and severe lower back pain. The current request is for 1 prescription of Norco 10/325mg #60. This medication was first mentioned in the 06/16/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, 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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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. A review of the available medical records patient indicate Norco "helped to reduce her pain, increase her functional capacity, and facilitate activities of daily living" and does not cause over sedation, drowsiness, nausea, or vomiting. Recent UDS was obtained. There were documentation of pain assessment but no before and after analgesia is provided. No discussion of patient's ADL's and daily function. The treating physician does not discuss outcome measures as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. No discussion regarding other opiates management issues such as CURES and behavioral issues. The treating physician has failed to clearly document analgesia, ADL's, and Adverse behavior as required by MTUS. The current request is not medically necessary.

1 prescription of Omeprazole 20mg #60: Upheld

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

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

Decision rationale: According to the 10/09/2014 requesting report, this patient presents with pain and clicking of the left knee, left leg pain and severe lower back pain. The current request is for 1 prescription of Omeprazole 20mg #60 and this medication was first noted in this report. The MTUS page 69 states under NSAIDs prophylaxis to discuss, GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. "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)." MTUS further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." A review of the reports shows that the patient is not currently on NSAID and has no gastrointestinal side effects with medication use. The patient is not over 65 years old; no other risk factors are present. The treating physician does not mention if the patient is struggling with GI complaints and why the medication was prescribed. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend

routine use of GI prophylaxis without documentation of GI risk. In addition, the provider does not mention symptoms of gastritis, reflux or other condition that would require a PPI. Therefore, the request is not medically necessary.

1 prescription of Gabapentin 600mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin(Neurontin) Page(s): 18-19, 49.

Decision rationale: According to the 10/09/2014 requesting report, this patient presents with pain and clicking of the left knee, left leg pain and severe lower back pain. The current request is for 1 prescription of Gabapentin 600mg #60. This medication was first mentioned in the 06/16/2014 report; it is unknown exactly when the patient initially started taking this medication. Regarding Anti-epileptic (AKA anti-convulsants) drugs for pain, MTUS Guidelines recommend for "treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." A review of reports did not indicate the patient has neuropathic pain. The treating physician does not mention why this medication is being prescribed and with what efficacy. MTUS page 8 requires that the provider provides monitoring of the patient's progress and make appropriate recommendations. Given the lack of a clear diagnosis of neuropathic pain; the current request is not medically necessary.