

Case Number:	CM14-0202049		
Date Assigned:	12/16/2014	Date of Injury:	12/01/2005
Decision Date:	02/03/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/02/2014

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 knee pain reportedly associated with an industrial injury of December 1, 2005. In a Utilization Review Report dated November 26, 2014, claims administrator denied a six-month pool and gym membership, denied Norco, denied Lidoderm patches, denied eight sessions of massage therapy, approved six sessions of acupuncture, and denied Dilaudid (Hydromorphone). The claims administrator referenced a November 12, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In handwritten physical therapy progress notes dated November 12, 2014, November 14, 2014, November 20, 2014, December 2, 2014, and December 4, 2014, the applicant received physical therapy. The progress notes were very difficult to follow and not entirely legible. In a November 12, 2014 medical progress note, the applicant reported persistent complaints of knee and ankle pain. The attending provider noted that the applicant had continued difficulty performing standing and walking activities. The applicant was status post knee surgery, it was acknowledged, and had an ancillary complaint of ankle pain. The applicant's current medication list reportedly included Lidoderm, Dilaudid, and Percocet. The attending provider stated that he was seeking a gym membership, Norco, Exalgo, Lidoderm patches, massage therapy, acupuncture trial, and Dilaudid. The note did mingle historical complaints with current complaints. The attending provider's report did not clearly document the applicant's work status, although it was seemingly suggested that the applicant was not working. In a November 22, 2014 supplemental report, the attending provider stated that the applicant had issues with weight bearing activities owing to knee and ankle pain complaints. On October 6, 2014, the applicant was apparently using a cane to move about and was still having difficulty standing and walking tasks. The applicant's work status, once again, was not clearly

stated. It was suggested, however, that the applicant was not working and was spending a good deal of time watching television.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool/Gym membership, 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Physical Medicine; Exercise Page(s): 46, 47 and 98.

Decision rationale: As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue active therapies at home as an extension of the treatment process. The MTUS Guideline in ACOEM Chapter 5, page 83 further notes that to achieve functional recovery, that applicants must assume certain responsibility, one of which includes adhering to and maintaining exercise regimens. Pages 46 and 47 of the MTUS Chronic Pain Medical Treatment Guidelines further states that it does not recommend any one particular form of exercise over another. Both the MTUS Chronic Pain Medical Treatment Guidelines and ACOEM, thus, seemingly take the position that exercise regimens and, by implication, the gym membership at issue, are articles of applicant responsibility as opposed to articles of payer responsibility. The attending provider has not, furthermore, clearly outline why the applicant cannot continue his rehabilitation through conventional physical therapy and/or home exercises, several sessions of which were reportedly pending as of a progress note dated October 6, 2014 at which point it was stated that the applicant had 11 sessions of physical therapy pending. Therefore, the request is not medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids; Opioids, Ongoing Management topic. Page(s): 78 and 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 the same. Here, however, the applicant was/is seemingly off of work. The applicant continued to report pain complaints as high as 8/10 on an October 6, 2014 progress note, referenced above, despite ongoing opioid usage. The applicant is having difficulty performing activities of daily living as basic as standing and walking, the attending provider has reported on several other occasions,

referenced above, is apparently still using a cane. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that the lowest possible dose of opioids should be employed to improve pain and function. Here, the attending provider seemingly furnished the applicant with multiple different short-acting opioids, including Norco, Dilaudid, Percocet, etc., via a progress note dated November 12, 2014. No rationale for provision of three different short-acting opioids was furnished. Therefore, the request was not medically necessary.

Lidoderm Patches 5% #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, there was/is no mention of anticonvulsant adjuvant medication failure and/or antidepressant adjuvant medication failure before selection, introduction, and/or ongoing usage of the Lidoderm patches at issue. It is further noted that the applicant has seemingly received and used the Lidoderm patches at issue for sometime, despite the seemingly unfavorable MTUS position on the same. The applicant has, however, failed to profit from ongoing usage of Lidoderm patches. The applicant seemingly remained off of work, on total temporary disability, as of the November 12, 2014 office visit in which the Lidoderm patches were most recently renewed. The applicant remained dependent on several different opioid agents, including Dilaudid, Exalgo, Percocet, Norco, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Lidoderm patches. Therefore, the request is not medically necessary.

Massage therapy x 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy; Physical Medicine Page(s): 60 and 98.

Decision rationale: As noted on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines, massage therapy is recommended only as an adjunct to other recommended treatments, such as exercise, and should be limited to four to six visits in most cases. The eight-session course of massage therapy at issue, thus, represents treatment in excess of MTUS parameters. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that passive modalities, as a whole, be employed "sparingly" during the chronic pain phase of a

claim. The attending provider's request for massage therapy, thus, is at odds with MTUS principles and parameters. Therefore, the request is not medically necessary.

Hydromorphone HCL 12mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management; When to Continue Opioids Page(s): 78 and 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 the same. Here, however, the applicant was/is seemingly off of work, despite ongoing hydromorphone usage. The applicant continued to report pain complaints as high as 8/10 on October 6, 2014, despite ongoing hydromorphone usage. The applicant continues to report difficulty performing activities of daily living as basic as standing and walking, despite ongoing hydromorphone usage. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that the lowest possible dose of opioids should be employed to improve pain and function. Here, the attending provider has not furnished any compelling rationale for provision of three separate short-acting opioids, namely Norco, Hydromorphone (Dilaudid), and Percocet. Therefore, the request is not medically necessary.