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| <b>Case Number:</b>   | CM15-0131537 |                              |            |
| <b>Date Assigned:</b> | 07/24/2015   | <b>Date of Injury:</b>       | 05/31/2011 |
| <b>Decision Date:</b> | 09/22/2015   | <b>UR Denial Date:</b>       | 06/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/06/2015 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of May 31, 2011. In a Utilization Review report dated June 4, 2015, the claims administrator failed to approve requests for acupuncture, Cymbalta, Nucynta, and a knee brace. The claims administrator referenced a May 20, 2015 progress note in its determination. The claims administrator framed the request for acupuncture as a renewal or extension request. The applicant's attorney subsequently appealed. On July 22, 2015, the applicant received a knee corticosteroid injection. Permanent work restrictions were renewed. 7/10 knee pain complaints were reported. The treating provider acknowledged that the applicant was not working with permanent limitations in place. The attending provider contended that acupuncture and the previously prescribed knee brace had proven beneficial. On July 17, 2015, the applicant again seemingly received a knee corticosteroid injection. The applicant was described as using a cane to move about at that point in time. 7/10 pain was reported, despite ongoing medication consumption. The attending provider and/or applicant again contended that previously furnished acupuncture had proven beneficial and suggested continuation of the same. The applicant had undergone two prior knee surgeries, it was reported. The applicant's complete medication list was on detailed but seemingly included Neurontin, Relafen, and Norco. Additional acupuncture and permanent work restrictions were endorsed. The applicant was asked to consider a knee corticosteroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Acupuncture 2 times a week for 3 weeks for the right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** No, the request for six sessions of acupuncture was not medically necessary, medically appropriate, or indicated here. The request was framed as a renewal or extension request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20e, here, however, the applicant was off of work, it was acknowledged on multiple office visits, referenced above, including on July 17, 2015. Permanent work restrictions were renewed, unchanged from prior visits, on that date. The applicant remained dependent on various forms of medical treatment to include knee corticosteroid injection therapy, Relafen, Neurontin, Norco, a cane, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of acupuncture over the course of the claim. Therefore, the request was not medically necessary.

**Pharmacy purchase of Cymbalta 60mg #30 with 5 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Duloxetine (Cymbalta); Functional Restoration Approach to Chronic Pain Management Page(s): 15; 7.

**Decision rationale:** Similarly, the request for Cymbalta, an atypical antidepressant, was likewise not medically necessary, medically appropriate, or indicated here. It appeared that Cymbalta was being employed for neuropathic pain purposes here (as opposed to for depression). While page 15 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Cymbalta can be employed off label for neuropathic pain, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off of work, despite ongoing Cymbalta usage. Ongoing usage of Cymbalta seemingly failed to curtail the applicant's dependence on opioid agents such as Norco. Pain complaints as high as 7/10 were reported. Permanent work restrictions were renewed, seemingly unchanged, from previous visit, despite ongoing usage of Cymbalta. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Cymbalta. Therefore, the request was not medically necessary.

**Pharmacy purchase of Nucynta 50mg #60: 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 4) On-Going Management; 7) When to Continue Opioids Page(s): 78; 80.

**Decision rationale:** The request for Nucynta, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. Here, multiple progress notes, referenced above, failed to identify or outline the applicant's complete medication list. It was, however, reported on July 17, 2015 that the applicant was using a second short-acting opioid, Norco, in addition to Nucynta. It was not clearly stated why the applicant needed to use two separate short-acting opioid agents. The applicant, furthermore, seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, which include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant remained off of work, despite ongoing Nucynta usage. Pain complaints as high as 7/10 were reported, despite ongoing Nucynta usage. The applicant was having difficulty walking and was apparently using a cane to move about. All of the foregoing, taken together, strongly suggested that the applicant had in fact failed to profit in terms of the parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was not medically necessary.

**Unloader knee 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, 2015 web based edition.

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

**Decision rationale:** Finally, the request for an unloader knee brace was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, page 340, for the average applicant, using a knee brace is "usually unnecessary." Rather, ACOEM notes that knee braces are typically necessary only if an applicant is going to be stressing the knee under load, such as by climbing ladders or carrying boxes. Here, however, the applicant was off of work, as acknowledged above. The applicant was unlikely to be stressing the knee under load, such as by climbing ladders or carrying boxes. Therefore, the request was not medically necessary.