

<b>Case Number:</b>	CM15-0133546		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	09/16/2008
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 58 year old male, who sustained an industrial injury on 09-18-2008. On provider visit dated the injured worker has reported bilateral knee pain. On examination of the muscle mass was equal in both extremities, tenderness to palpation was noted on lateral side of the left knee and right knee was noted. Peripatellar swelling of right knee was noted. Range of motion was decreased bilateral. The diagnoses have included bilaterally knees-patellofemoral syndrome with degenerative disc disease and status post right knee arthroscopy-right knee arthropathy. Treatment to date has included Synvisc injections, medication, and acupuncture. The provider requested physical therapy for bilateral knees, acupuncture for bilateral knees, Topiramate, Soma, Naproxen and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for Bilateral Knees QTY: 8: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

**Decision rationale:** The patient presents on 06/22/15 with severe flaring bilateral knee pain, right greater than left, rated 9/10 and unrated lower back pain. The patient's date of injury is 09/18/08. Patient is status post synvisc injections at dates unspecified with 70% improvement. The request is for PHYSICAL THERAPY FOR BILATERAL KNEES QTY: 8. The RFA is dated 06/22/15. Physical examination dated 06/22/15 reveals tenderness to palpation of the lateral aspect of the left knee, guarding against flexion and during anterior drawer maneuver, and the provider also notes peripatellar swelling on the right knee. The patient is currently prescribed Topiramate, Naproxen, Norco, Gabapentin, and Soma. Diagnostic imaging included discussion of MRI of the bilateral knees, findings stating: "abnormal study showing fissuring of the cartilage along the lateral tibial plateau and minimal associated subchondral bone marrow edema." Discussion of a lumbar MRI was also provided, showing: "annular tear with disc bulging/protrusion and facet syndrome all of which are highly associated with spine radiculopathy." Patient is currently classified as temporarily totally disabled. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regard to the request for 8 sessions of physical therapy for this patient's continuing knee complaints, the request is appropriate. There is no evidence that this patient has had any recent physical therapy directed at his knee injuries. Given this patient's presentation, and a lack of physical therapy to date, 8 sessions falls within guidelines and could produce benefits for this patient. Therefore, the request IS medically necessary.

**Acupuncture for Bilateral Knees Qty: 8: Overturned**

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

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

**Decision rationale:** The patient presents on 06/22/15 with severe flaring bilateral knee pain, right greater than left, rated 9/10 and unrated lower back pain. The patient's date of injury is 09/18/08. Patient is status post synvisc injections at dates unspecified with 70% improvement. The request is for ACUPUNCTURE FOR BILATERAL KNEES QTY: 8. The RFA is dated 06/22/15. Physical examination dated 06/22/15 reveals tenderness to palpation of the lateral aspect of the left knee, guarding against flexion and during anterior drawer maneuver, and the provider also notes peripatellar swelling on the right knee. The patient is currently prescribed Topiramate, Naproxen, Norco, Gabapentin, and Soma. Diagnostic imaging included discussion of MRI of the bilateral knees, findings stating: "abnormal study showing fissuring of the cartilage along the lateral tibial plateau and minimal associated subchondral bone marrow edema." Discussion of a lumbar MRI was also provided, showing: "annular tear with disc bulging/protrusion and facet syndrome all of which are highly associated with spine

radiculopathy." Patient is currently classified as temporarily totally disabled. Chronic Pain Medical Treatment Guidelines, page 13 for acupuncture states: "See Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section." This section addresses the use of acupuncture for chronic pain in the workers compensation system in California. The MTUS/Acupuncture Medical Treatment Guidelines (Effective 7/18/09) state that there should be some evidence of functional improvement within the first 3-6 treatments. The guidelines state if there is functional improvement, then the treatment can be extended. In regard to the request for 8 sessions of acupuncture for this patient's chronic knee pain, the request is appropriate. Progress note dated 06/22/15 states that this patient experienced benefits from previous acupuncture, though does not provide the number of sessions or dates of service. MTUS guidelines specify 3 to 6 acupuncture treatments initially, with additional sessions contingent on improvements; in this case the treater requests 8 sessions noting prior efficacy. Therefore, the request IS medically necessary.

**Topiramate 50mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Topiramate-Topamax Page(s): 21.

**Decision rationale:** The patient presents on 06/22/15 with severe flaring bilateral knee pain, right greater than left, rated 9/10 and unrated lower back pain. The patient's date of injury is 09/18/08. Patient is status post synvisc injections at dates unspecified with 70% improvement. The request is for TOPIRAMATE 50MG #60. The RFA is dated 06/22/15. Physical examination dated 06/22/15 reveals tenderness to palpation of the lateral aspect of the left knee, guarding against flexion and during anterior drawer maneuver, and the provider also notes peripatellar swelling on the right knee. The patient is currently prescribed Topiramate, Naproxen, Norco, Gabapentin, and Soma. Diagnostic imaging included discussion of MRI of the bilateral knees, findings stating: "abnormal study showing fissuring of the cartilage along the lateral tibial plateau and minimal associated subchondral bone marrow edema." Discussion of a lumbar MRI was also provided, showing: "annular tear with disc bulging/protrusion and facet syndrome all of which are highly associated with spine radiculopathy." Patient is currently classified as temporarily totally disabled. Regarding Topiramate-Topamax, MTUS Guidelines page 21 states "Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of 'central' etiology. It is still considered for use for neuropathic pain when other anticonvulsants have failed." MTUS Guidelines page 16 and 17 regarding antiepileptic drugs for chronic pain also states "that there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain had been directed at postherpetic neuralgia and painful polyneuropathy." In regard to the request for Topiramate, treater has not provided a reason for the request. Progress reports indicate that this patient has been taking another AED, Gabapentin; though it is also stated that this patient has recently had trouble obtaining medications owing to UR denials. The previous progress note, dated 05/20/15 was consulted for further details. In this

progress note, there is no mention of Topiramate, though the prescription for Gabapentin is active and the provider does note that this patient's condition is improving. The records provided have not documented a rationale for the concurrent utilization of both Topamax and Gabapentin, without evidence that Topiramate is being substituted for Gabapentin (or that the patient has completely ceased taking Gabapentin) the request as written cannot be substantiated. Therefore, this request IS NOT medically necessary.

**Soma 350mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

**Decision rationale:** The patient presents on 06/22/15 with severe flaring bilateral knee pain, right greater than left, rated 9/10 and unrated lower back pain. The patient's date of injury is 09/18/08. Patient is status post synvisc injections at dates unspecified with 70% improvement. The request is for SOMA 350MG #30. The RFA is dated 06/22/15. Physical examination dated 06/22/15 reveals tenderness to palpation of the lateral aspect of the left knee, guarding against flexion and during anterior drawer maneuver, and the provider also notes peripatellar swelling on the right knee. The patient is currently prescribed Topiramate, Naproxen, Norco, Gabapentin, and Soma. Diagnostic imaging included discussion of MRI of the bilateral knees, findings stating: "abnormal study showing fissuring of the cartilage along the lateral tibial plateau and minimal associated subchondral bone marrow edema." Discussion of a lumbar MRI was also provided, showing: "annular tear with disc bulging/protrusion and facet syndrome all of which are highly associated with spine radiculopathy." Patient is currently classified as temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, page 29 for Carisoprodol (Soma) states: Not recommended. This medication is not indicated for long-term use." MTUS Chronic Pain Medical Treatment Guidelines, page 63-66, for Muscle relaxants (for pain), under Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) states: Neither of these formulations is recommended for longer than a 2 to 3 week period. In regard to the continuation of Soma, the requesting provider has exceeded guideline recommendations. There is no evidence in the records provided that this patient has taken Soma previously. MTUS guidelines support the use of this medication for 2-3 weeks provided its use is directed at acute injury or recent flare up, this patient presents with uncomplicated chronic lower back pain and bilateral knee pain, with no evidence of spasms in this patient's subjective complaints or physical examination findings. Therefore, the request IS NOT medically necessary.

**Naproxen 550mg #60:** Overturned

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

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

**Decision rationale:** The patient presents on 06/22/15 with severe flaring bilateral knee pain, right greater than left, rated 9/10 and unrated lower back pain. The patient's date of injury is 09/18/08. Patient is status post synvisc injections at dates unspecified with 70% improvement. The request is for NAPROXEN 550MG #60. The RFA is dated 06/22/15. Physical examination dated 06/22/15 reveals tenderness to palpation of the lateral aspect of the left knee, guarding against flexion and during anterior drawer maneuver, and the provider also notes peripatellar swelling on the right knee. The patient is currently prescribed Topiramate, Naproxen, Norco, Gabapentin, and Soma. Diagnostic imaging included discussion of MRI of the bilateral knees, findings stating: "abnormal study showing fissuring of the cartilage along the lateral tibial plateau and minimal associated subchondral bone marrow edema." Discussion of a lumbar MRI was also provided, showing: "annular tear with disc bulging/protrusion and facet syndrome all of which are highly associated with spine radiculopathy." Patient is currently classified as temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: 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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." In regard to the continuation of Naproxen for this patient's chronic pain, the request is appropriate. Progress note dated 06/22/15 indicates that this patient has recently had trouble obtaining medications owing to UR denials and presented for examination having not taken some or all of his medications recently. The previous progress note, dated 05/20/15 was consulted for further details regarding Naproxen efficacy. This progress note has the following regarding Naproxen: "The problem is improving... states some improvement but still has mild pain... he is taking Naproxen for pain control." Given this documentation of prior Naproxen efficacy, and the conservative nature of this medication, continuation is substantiated. The request IS medically necessary.

**Norco 5/325mg #30:** Overturned

**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, 76-78, 88, 89.

**Decision rationale:** The patient presents on 06/22/15 with severe flaring bilateral knee pain, right greater than left, rated 9/10 and unrated lower back pain. The patient's date of injury is 09/18/08. Patient is status post synvisc injections at dates unspecified with 70% improvement. The request is for NORCO 5/325MG #30. The RFA is dated 06/22/15. Physical examination dated 06/22/15 reveals tenderness to palpation of the lateral aspect of the left knee, guarding against flexion and during anterior drawer maneuver, and the provider also notes peripatellar

swelling on the right knee. The patient is currently prescribed Topiramate, Naproxen, Norco, Gabapentin, and Soma. Diagnostic imaging included discussion of MRI of the bilateral knees, findings stating: "abnormal study showing fissuring of the cartilage along the lateral tibial plateau and minimal associated subchondral bone marrow edema." Discussion of a lumbar MRI was also provided, showing: "annular tear with disc bulging/protrusion and facet syndrome all of which are highly associated with spine radiculopathy." Patient is currently classified as temporarily totally disabled. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids-Therapeutic Trial of Opioids, 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. In this case, it appears that this is the initiating prescription of Norco for this patient. A careful review of the documentation provided does not reveal evidence that this patient has a recent active prescription for this medication. Most recent progress note dated 06/22/15 indicates that this patient was not taking any of his medications owing to consistent UR denials of requested treatments. The previous progress note, dated 05/22/15 does not list any active narcotic pain medications for this patient. Given this patient's presentation, the lack of evidence of previous utilization of this medication, and the limited amount requested, 30 tablets could provide this patient with analgesia and functional benefits. Therefore, the request IS medically necessary.