

Case Number:	CM15-0141040		
Date Assigned:	07/30/2015	Date of Injury:	09/17/2011
Decision Date:	09/24/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/20/2015

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 low back pain (LBP) reportedly associated with an industrial injury of September 17, 2011. In a Utilization Review report dated June 26, 2015, the claims administrator failed to approve requests for Trepadone, urine drug testing, Tramadol, and 12 sessions of acupuncture while partially approving request for 12 sessions of physical therapy as six sessions of the same. The claims administrator referenced a progress note and an associated RFA form of May 27, 2015 in its determination. The claims administrator framed the request as a request for 12 sessions of postoperative physical therapy following a concurrently requested knee arthroscopy. The claims administrator did approve the knee arthroscopy and partially approve the six sessions of physical therapy as a first-time request for postoperative physical therapy. The applicant's attorney subsequently appealed. On a progress note dated May 27, 2015, the applicant reported ongoing complaints of low back, bilateral wrists, bilateral hands, bilateral knees, ankle, foot and mid back pain. The applicant had developed derivative complaints of sleep disturbance and depression, it was acknowledged. 12 sessions of acupuncture were sought. It was acknowledged that the applicant had received 8 prior acupuncture treatments since Tramadol and Trepadone were prescribed, seemingly without any discussion of medication efficacy. The applicant was asked to pursue a left knee arthroscopy. Postoperative physical therapy was sought. The applicant was placed off of work, on total temporary disability, for an additional six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of post op physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines Official Disability Guidelines -Knee and Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: No, the request for 12 session of postoperative physical therapy was not medically necessary, medically appropriate, or indicated here. While the MTUS Postsurgical Treatment Guidelines do support an overall course of 12 sessions of physical therapy following knee meniscectomy surgery, as was approved through the Utilization Review process, this recommendation is, however, qualified by commentary made in MTUS 9792.24.3.a2 to the effect that initial course of therapy represents one-half of the general course of therapy for the specified surgery. One half of 12 visits, thus, is six (6) visits. The 12-session course of treatment proposed, thus, represents treatment well in excess of the initial course of postoperative therapy espoused in MTUS 9792.24.3.a2. Therefore, the request was not medically necessary.

1 Prescription of Trepadone #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Medical food (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg. 926 Recommendation: Complementary or Alternative Treatments, Dietary Supplements, etc., for Chronic Pain Complementary and alternative treatments, or dietary supplements, etc., are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. Strength of Evidence Not Recommended, Insufficient Evidence (I).

Decision rationale: Similarly, the request for Trepadone, a dietary supplement, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS did not address the topic. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that dietary supplements such as Trepadone are not recommended in the chronic pain context present here. There is no evidence of their efficacy. Here, the attending provider failed to furnish a clear or compelling rationale for continued usage of the Trepadone in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.

1 Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: Similarly, the request for a urine drug screen was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support periodic drug testing in the chronic pain population to assess for the presence or absence of legal drugs, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, clearly state which drug testing and/or drug panels he intends to test for, and attempt to categorize the applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, the attending provider's May 27, 2015 progress note did not incorporate the applicant's complete medication list. It was not stated when the applicant was last tested. The attending provider neither signaled his intention to conform to the best practices of United States Department of Transportation (DOT) nor signaled his intention to eschew confirmatory and/or quantitative testing here. Since multiple ODG Criteria for pursuit of drug testing were not met, the request was not medically necessary.

1 Prescription of Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. 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 off of work, on total temporary disability, it was reported on May 27, 2015. The attending provider failed to identify quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Tramadol usage. Therefore, the request was not medically necessary.

12 Acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Finally, the request for 12 sessions of acupuncture was likewise not medically necessary, medically appropriate, or indicated here. The request in question was framed as a renewal or extension request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledged that acupunctures may be extended if there was evidence of functional improvement as defined in section 9792.20e, here, however, the applicant was off of work, on total temporary disability, it was acknowledged on May 27, 2015, despite receipt of prior acupuncture. The applicant remained dependent on opioid agents such as Tramadol. The applicant was in process of pursuing knee surgery. All of the foregoing, taken together, suggested that earlier acupuncture had failed in terms of the functional improvements parameters established in section 9792.20e. Therefore, the request was not medically necessary.