

Case Number:	CM15-0184165		
Date Assigned:	09/24/2015	Date of Injury:	02/10/2004
Decision Date:	12/02/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/18/2015

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: Internal 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 injured worker is a female, who sustained an industrial injury on 2-10-2004. The injured worker is being treated for post laminectomy syndrome, chronic low back pain and left knee pain status post left knee arthroscopy. Treatment to date has included surgical intervention (discectomy and laminectomy, 2006 and left knee arthroscopy undated), injections and medications including pain medications, muscle relaxants and anti-inflammatories. Per the Primary Treating Physician's Progress Report dated 8-18-2015, the injured worker presented for further evaluation of the back and left knee. She reported frustration with insurance denials of her medication. Current medications include Norco, Zanaflex, Flexeril, Motrin and Celebrex. Objective findings included swelling over the knees bilaterally and tenderness at the left knee joint line. There was crepitus with flexion and extension. Per the Primary Treating Physician's Progress Report dated 7-21-2015 she reported that Norco brings her pain down from 10 out of 10, to 6 out of 10 and allows her to be more active. Medications included Norco, Zanaflex and Motrin. Per the Primary Treating Physician's Progress Report dated 5-29-2015 she rated the severity of her pain without medication as 9 out of 10, and after medication 7 out of 10. Medications include Norco, Zanaflex and Motrin. Per the Primary Treating Physician's Progress Report dated 4-30-2015 she reported the severity of her pain as 8 out of 10 without medications and 4 out of 10 at best. Medications include Norco, Zanaflex and Motrin. She has been taking Norco since at least 1-2015. Work status was documented as "being seen under future medical benefits, she is currently not working." Authorization was requested for 8 sessions of pool therapy for the left knee and low back, Norco 10-325mg #120, 8 sessions of physical therapy for

the left knee, magnetic resonance imaging (MRI) of the left knee, Flexeril 10mg #30 and Celebrex 200mg #30. On 9-03-2015, Utilization Review non-certified the request for 8 sessions of pool therapy for the left knee and low back, Norco 10-325mg #120, 8 sessions of physical therapy for the left knee, MRI of the left knee, Flexeril 10mg #30 and Celebrex 200mg #30 citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy for left knee and low back QTY: 8: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: Aquatic therapy is recommended as an optional form of exercise therapy, when available, as an alternative to PT based on land. It can minimize gravitational effects and is specifically recommended where decrease in weight bearing is desirable. An example of this is extreme obesity. This type of exercise was noted to improve some components of health related quality of life, balance, and stair climbing in females with fibromyalgia. However, regular exercise regimen of higher intensities may be required in order to preserve most of the gains obtained in aquatic therapy. Our particular patient has chronic knee and lumbar pain and non weight bearing exercises could be very beneficial because of the probable existence of degenerative pathology. Our patient should be afforded the benefit of this treatment, therefore is medically necessary.

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: Norco is noted to be a short acting opioid effective in controlling chronic pain and often used intermittently and for breakthrough pain. It is noted that it is used for moderate to moderately severe pain. The dose is limited by the Tylenol component and officially should not exceed 4 grams per day of this medicine. The most feared side effects are circulatory and respiratory depression. The most common side effects include dizziness, sedation, nausea, sweating, dry mouth, and itching. In general, opioid effectiveness is noted to be augmented with 1- education as to its benefits and limitations, 2- the employment of non opioid treatments such as relaxation techniques and mindfulness techniques, 3- the establishment of realistic goals, and 4- encouragement of self regulation to avoid the misuse of the medication. The MTUS notes that opioid medicines should be not the first line treatment for neuropathic pain because of the need

for higher doses in this type of pain. It is also recommended that dosing in excess of the equivalent of 120mg QD of morphine sulfate should be avoided unless there are unusual circumstances and pain management consultation has been made. It is also stated that the use of opioids in chronic back pain is effective in short term relief of pain and that long term relief of pain appears to be limited. However, the MTUS does state that these meds should be continued if the patient was noted to return to work and if there was noted to be an improvement in pain and functionality. Also, it is noted that if the medicine is effective in maintenance treatment that dose reduction should not be done. The above patient has chronic pain which is noted to be decreased by the medication treatment and Norco is an intrinsic element in the regimen. The dose taken is not an excessive dose and no drug related side effects are noted. She should be afforded this medicine and the UR decision is reversed, therefore is medically necessary.

Physical therapy for left knee QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lumbar spine section on PT and page 1390.

Decision rationale: The MTUS details the approach to physical therapeutic intervention for lumbar pain. It states that exercises for strengthening, ROM, and stretching; relaxation techniques and aerobic exercises should be stressed. It also states that 1-2 visits for education, counseling, and evaluation of home ROM stretching, and strengthening exercises would be appropriate. The ODG states that 10 visits should be allowed over a period of 8 weeks for lumbar PT. These visits should emphasize a decrease in frequency and emphasize active self directed home PT. The above patient has a chronic injury requiring knee surgery. Almost certainly the patient has had PT for her knee during the course of treatment with emphasis on home techniques of treatment. She should be able to utilize the already learned methods of rehab at home and not need a new course in formal PT. The UR decision is upheld therefore is not medically necessary.

MRI of the left knee with contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: Most knee problems improve quickly once any serious pathology is ruled out. For patients with significant hemarthrosis or history of acute trauma plain x-ray is needed to rule out fracture. Reliance on imaging to evaluate the etiology of a knee problem can lead to false positive results and diagnostic confusion because pathology that preceded the current clinical problem may be identified. However, entities such as ACL tears are commonly missed by inexperienced examiners, making MRIs a valuable diagnostic tool in such cases. The above

patient has a complex knee problem and has already been treated with an arthroscopic pathology. Considering the complexities of this case and the need to clarify diagnoses an orthopedic consultation should be considered. The specialist would be more capable of ordering any needed imaging studies if further clarification is needed as to etiology of symptoms and pathology to be treated. Therefore, the UR committee was justified in its decision, therefore is not medically necessary.

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Flexeril is a skeletal muscle relaxant and the MTUS notes it to be better than placebo for treatment of back pain but it states that the effect is modest at the price of a greater side effect profile. It was most efficacious in the first four days of treatment and this suggests that a short course of therapy may be most efficacious. It is also noted to be useful for the treatment of fibromyalgia. Up to Date states that the side effect profile includes: drowsiness, dizziness, xerostomia, headache, constipation, nausea, diarrhea, weakness, fatigue, and confusion. The patient is already on narcotic and NSAID treatment and the addition of this medicine at most could have a mild beneficial effect but at the cost of a possible greater side effect profile. The UR was correct in its denial of this medication, therefore is not medically necessary.

Celebrex 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, Chronic pain programs, early intervention, NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Up to date topic 7982 and version 145.0.

Decision rationale: Celebrex is an NSAID and is the brand name for Celecoxib, which is a COX-2 selective inhibitor; which causes inflammation and pain. It is specifically utilized to treat osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. It has a similar side effect profile of the other non-steroidal medicines but does not appear to interfere with the antiplatelet activity of aspirin and is bleeding neutral which is beneficial when one is contemplating a surgical procedure or when used in the surgical setting. Celebrex may be considered if the patient has a risk of GI side effects because it appears to have less risk of GI side effects than other NSAIDs. Otherwise, in many ways it is similar to the other NSAID medicines in its efficacy and side effect profile. Its use must be balanced by the fact that it is about 10 times more expensive than

the other NSAIDs on the market. The guidelines state that NSAIDs in general are indicated for acute exacerbation of pain and should be avoided in the treatment of chronic pain and should be a second line drug after the use of acetaminophen because of fewer side effects. NSAIDs have been implicated in cardiac, GI, renal side effects and high blood pressure. A Cochrane study confirmed the above and a Maroon study stated that NSAIDs may actually delay healing of all soft tissue if given on a chronic basis. Treatment indications include such entities as ankylosing spondylitis, osteoarthritis, rheumatoid arthritis, acute gout, dysmenorrhea, acute tendinitis and bursitis, and acute migraine. However, in patients with moderate to severe pain initial treatment with an NSAID may be warranted. Current guidelines indicate that NSAIDs may be more efficacious in treatment. A recent Cochrane review suggests that NSAIDs may be more efficacious for treatment of osteoarthritis than Acetaminophen in terms of reduction in pain and improvement of functional status. The above patient is not noted to have any bleeding diathesis or GI pathology which would provide rationale for the use of Celebrex instead of a more commonly used NSAID such as Motrin. The patient is already noted to be on Motrin and the addition of Celebrex is not indicated and could result in a greater incidence and severity of side effects. Therefore, the UR is correct in its refusal of this medication, therefore is not medically necessary.