

Case Number:	CM15-0186612		
Date Assigned:	09/28/2015	Date of Injury:	11/03/2008
Decision Date:	11/24/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/22/2015

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: Emergency 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 54 year old male, who sustained an industrial injury on 11-3-08. He is diagnosed with left knee internal derangement and right knee internal derangement with patellofemoral chondromalacia. He is retired and not currently working. A note dated 9-2-15 reveals the injured worker presented with complaints of knee buckling. He is able to "gingerly" engage in household chores, he is unable to walk for more than 10 minutes and he can sit for 1 hour. A physical examination dated 9-2-15 revealed left knee mild effusion, tenderness along the joint line and extension is 75 degrees and flexion is 100 degrees. The right knee had tenderness along the joint line with some effusion noted. Treatment to date has included bilateral knee surgery, left knee Hyalgan injection (provided improvement, per note dated 9-2-15), cortisone injections, hinged knee brace, physical therapy (left knee at least 12 sessions), hot-cold wrap, a TENS unit and the following medications; Flexeril, Norco (for at least 2 months), Lunesta (at least 2 months), Ultracet (at least 6 months) and Protonix. A physical therapy note dated 6-11-15 states the injured worker met all of the set goals and can continue on his own. Diagnostic studies to date has included MRI (left knee-significant wear along the lateral meniscus extending almost to the periphery, right knee-chondromalacia along the lateral facet of the patella, per physician note dated 9-2-15 and x-rays. A request for authorization dated 9-2-15 physical therapy for the right knee (12 sessions) is denied, physical therapy for the left knee (12 sessions) is denied, Flexeril 7.5 mg #60 is modified to #30, Norco 10-325 mg #120 is modified to #80, Lunesta 2 mg #30 is modified to #15, Ultracet 37.5 mg #60 is modified to #40 and Protonix 20 mg #60 is denied, per Utilization Review letter dated 9-18-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy of the right knee, twelve sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg/Physical medicine treatment.

Decision rationale: The request is for physical therapy. The official disability guidelines state the following regarding this topic: ODG Physical Medicine Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5) Medical treatment: 9 visits over 8 weeks. Post-surgical (Meniscectomy): 12 visits over 12 weeks. Sprains and strains of knee and leg; cruciate ligament of knee (ACL tear) (ICD9 844; 844.2): Medical treatment: 12 visits over 8 weeks. Post-surgical (ACL repair): 24 visits over 16 weeks Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis (ICD9 717.0; 717.5; 717.6; 717.7; 726.72): Medical treatment: 9 visits over 8 weeks. Post-surgical: 12 visits over 12 weeks. Articular cartilage disorder - chondral defects (ICD9 718.0) Medical treatment: 9 visits over 8 weeks. Post-surgical (Chondroplasty, Microfracture, OATS): 12 visits over 12 weeks. Pain in joint; Effusion of joint (ICD9 719.0; 719.4): 9 visits over 8 weeks. Arthritis (Arthropathy, unspecified) (ICD9 716.9): Medical treatment: 9 visits over 8 weeks. Post-injection treatment: 1-2 visits over 1 week Post-surgical treatment, arthroplasty, knee: 24 visits over 10 weeks. Abnormality of gait (ICD9 781.2): 16-52 visits over 8-16 weeks (Depends on source of problem). Fracture of neck of femur (ICD9 820): Medical treatment: 18 visits over 8 weeks. Post-surgical treatment: 24 visits over 10 weeks. Fracture of other and unspecified parts of femur (ICD9 821): Post-surgical: 30 visits over 12 weeks. Fracture of patella (ICD9 822): Medical treatment: 10 visits over 8 weeks. Post-surgical (closed): 10 visits over 8 weeks. Post-surgical treatment (ORIF): 30 visits over 12 weeks Fracture of tibia and fibula (ICD9 823) Medical treatment: 12-18 visits over 8 weeks. Post-surgical treatment (ORIF): 30 visits over 12 weeks. Amputation of leg (ICD9 897): Post-replantation surgery: 48 visits over 26 weeks. Quadriceps tendon rupture (ICD9 727.65). Post-surgical treatment: 34 visits over 16 weeks. Patellar tendon rupture (ICD9 727.66) Post-surgical treatment: 34 visits over 16 weeks. Work conditioning see work conditioning, work hardening. As stated above, the number of requested treatments is not supported by the guidelines. There is inadequate documentation of functional improvement seen with prior use. As such, the request is not medically necessary.

Physical therapy of the left knee, twelve sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg/Physical medicine treatment.

Decision rationale: The request is for physical therapy. The official disability guidelines state the following regarding this topic: ODG Physical Medicine Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5): Medical treatment: 9 visits over 8 weeks. Post-surgical (Meniscectomy): 12 visits over 12 weeks. Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear) (ICD9 844; 844.2): Medical treatment: 12 visits over 8 weeks Post-surgical (ACL repair): 24 visits over 16 weeks. Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis (ICD9 717.0; 717.5; 717.6; 717.7; 726.72): Medical treatment: 9 visits over 8 weeks. Post-surgical: 12 visits over 12 weeks. Articular cartilage disorder - chondral defects (ICD9 718.0): Medical treatment: 9 visits over 8 weeks. Post-surgical (Chondroplasty, Microfracture, OATS) 12 visits over 12 weeks. Pain in joint; Effusion of joint (ICD9 719.0; 719.4): 9 visits over 8 weeks. Arthritis (Arthropathy, unspecified) (ICD9 716.9): Medical treatment: 9 visits over 8 weeks. Post-injection treatment: 1-2 visits over 1 week. Post-surgical treatment, arthroplasty, knee: 24 visits over 10 weeks. Abnormality of gait (ICD9 781.2): 16-52 visits over 8-16 weeks (Depends on source of problem). Fracture of neck of femur (ICD9 820): Medical treatment: 18 visits over 8 weeks. Post-surgical treatment: 24 visits over 10 weeks. Fracture of other and unspecified parts of femur (ICD9 821): Post-surgical: 30 visits over 12 weeks. Fracture of patella (ICD9 822): Medical treatment: 10 visits over 8 weeks. Post-surgical (closed): 10 visits over 8 week's Post-surgical treatment (ORIF): 30 visits over 12 weeks. Fracture of tibia and fibula (ICD9 823) Medical treatment: 12-18 visits over 8 weeks. Post-surgical treatment (ORIF): 30 visits over 12 weeks. Amputation of leg (ICD9 897): Post-replantation surgery: 48 visits over 26 weeks. Quadriceps tendon rupture (ICD9 727.65): Post-surgical treatment: 34 visits over 16 weeks. Patellar tendon rupture (ICD9 727.66): Post-surgical treatment: 34 visits over 16 weeks. Work conditioning see work conditioning, work hardening. As stated above, the number of requested treatments is not supported by the guidelines. There is inadequate documentation of functional improvement seen with prior use. As such, the request is not medically necessary.

Flexeril 7.5 mg, sixty count: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic)/Cyclobenzaprine (Flexeril).

Decision rationale: The request is for the use of the medication cyclobenzaprine. The official disability guidelines state the following regarding this topic: Recommended as an option, using a short course of therapy. See Medications for subacute & chronic pain for other preferred options. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief; this medication is not recommended for longer than 2-3 weeks. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. Cyclobenzaprine-treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. Note: Cyclobenzaprine is closely related to the tricyclic antidepressants, e.g., amitriptyline. See Antidepressants. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement in LBP and is associated with drowsiness and dizziness. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by Ortho McNeil Pharmaceutical. See also Muscle relaxants (for pain), Cyclobenzaprine listing. In this case, continued use of this medication is not indicated. This is secondary to the duration of treatment with use exceeding 3 weeks. As such, the request is not medically necessary.

Norco 10/325 mg, 120 count: 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): Opioids, criteria for use.

Decision rationale: The request is for the use of a medication in the opioid class. The MTUS guidelines state that for ongoing treatment with a pharmaceutical in this class, certain requirements are necessary. This includes not only adequate pain control, but also functional improvement. Four domains have been proposed for management of patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. As part of the pain treatment agreement, it is advised that refills are limited, and will only occur at appointments. In this case, there is inadequate documentation of persistent functional improvement seen. As such, the request is not medically necessary. All opioid medications should be titrated down slowly in order to prevent a significant withdrawal syndrome.

Lunesta 2 mg, thirty count: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)/Insomnia Treatment.

Decision rationale: The request is for the use of a medication used for insomnia. The Official Disability Guidelines state the following regarding this topic: Recommend that treatment be based on the etiology, with the medications recommended below. See also Insomnia. For more detail on Insomnia treatment, see the Mental Chapter. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. In this case, the use of this medication is not recommended. This is secondary to inadequate documentation of a thorough evaluation of the etiology or attempted non-pharmacologic restorative measures undertaken. As such, the request is not medically necessary.

Ultracet 37.5 mg, sixty count: 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): Opioids, criteria for use.

Decision rationale: The request is for the use of a medication in the opioid class. The MTUS guidelines state that for ongoing treatment with a pharmaceutical in this class, certain requirements are necessary. This includes not only adequate pain control, but also functional improvement. Four domains have been proposed for management of patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. As part of the pain treatment agreement, it is advised that refills are limited, and will only occur at appointments. In this case, there is inadequate documentation of persistent functional improvement seen. As such, the request is not medically necessary. All opioid medications should be titrated down slowly in order to prevent a significant withdrawal syndrome.

Protonix 20 mg, sixty count: 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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The request is for the use of a medication in the class of a proton pump inhibitor. It is indicated for patients with peptic ulcer disease. It can also be used as a preventative measure in patients taking non-steroidal anti-inflammatories for chronic pain. Unfortunately, they do have certain side effects including gastrointestinal disease. The MTUS guidelines states that patients who are classified as intermediate or high risk, should be treated prophylactically. Criteria for risk are as follows: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Due to the fact the patient does not meet to above stated criteria, the request for use is not medically necessary.