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| Case Number: | CM15-0202077 | | |
| Date Assigned: | 10/19/2015 | Date of Injury: | 08/11/2014 |
| Decision Date: | 12/02/2015 | UR Denial Date: | 09/28/2015 |
| Priority: | Standard | Application Received: | 10/14/2015 |

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 61 year old female, who sustained an industrial injury on 8-11-14. The injured worker is diagnosed with bilateral patellar tendinosis and bilateral chondromalacia patella. Her work status is temporary total disability. Notes dated 8-24-15 and 9-4-15 reveals the injured worker presented with complaints of right knee pain, swelling and stiffness described as aching and leg weakness that is increased with any walking. She reports occasional left knee pain with exercise. Her pain is rated 5 out of 10. She reports that her activities of daily living are not impacted with the exception of requiring occasional assistance with putting pants on. A physical examination dated 7-2-15 and 9-4-15 revealed right knee is tenderness to palpation, improved range of motion and swelling noted. The left knee is stable. Treatment to date has included right knee arthroscopy, physical therapy (16 post-operative sessions), which is helping per note dated 9-4-15, cortisone injection, medications; Norco (discontinued 8-2015), Tramadol (minimum of 1 month) and Naproxen (a minimum of 3 months), home exercise program and cane for stability. Diagnostic studies include x-ray and MRI. A request for authorization dated 9-21-15 for additional physical therapy to the right knee 2 times a week for 3 weeks, Tramadol 50 mg #30 and Naproxen 500 mg #60 denied, per Utilization Review letter dated 9-28-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy to the right knee 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: Based on progress report dated 09/04/15, the patient presents with RIGHT knee pain and stiffness. The request is for Additional physical therapy to the right knee 2 times a week for 3 weeks. The request for authorization is dated 09/21/15. The patient is status post RIGHT knee arthroscopy, 04/22/15. X-ray of the RIGHT knee, 02/18/15, was WNL. Patient's diagnoses include bilateral patellar tendinosis RIGHT>left; bilateral chondromalacia patella RIGHT>left. Physical examination of the RIGHT knee reveals decreased range of motion. No tenderness post. Min TTP over medial aspect of the knee. Positive TTP infrapatellar, ANT MED and ANT lateral aspect of the RIGHT knee. Patient's medications include Naproxen, Flexeril, Prilosec, and Tramadol. Per progress report dated 09/04/15, the patient remains off work. MTUS post-surgical guidelines, pages 24-25, Knee Section recommends: "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): Postsurgical treatment: 12 visits over 12 weeks. Postsurgical physical medicine treatment period: 4 months" Treater does not discuss the request. The patient is status post RIGHT knee surgery, 04/22/15. In this case, the patient is now outside the postsurgical treatment period but continues with RIGHT knee pain. Given the patient's condition, continued short course of physical therapy would appear to be indicated. However, per physical therapy report dated 08/26/15, the patient has attended 16 visits of Physical Therapy. Treater has not discussed efficacy of prior therapy and why the patient cannot transition into a home exercise program. Furthermore, the request for 6 additional visits of Physical Therapy would exceed MTUS guidelines for this condition. Therefore, the request IS NOT medically necessary.

Tramadol 50mg 1 PO QHS #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

Decision rationale: Based on progress report dated 09/04/15, the patient presents with RIGHT knee pain and stiffness. The request is for Tramadol 50mg 1 PO QHS #30. The request for authorization is dated 09/21/15. The patient is status post RIGHT knee arthroscopy, 04/22/15. X-ray of the RIGHT knee, 02/18/15, was WNL. Patient's diagnoses include bilateral patellar tendinosis RIGHT > left; bilateral chondromalacia patella RIGHT > left. Physical examination of the RIGHT knee reveals decreased range of motion. No tenderness post. Min TTP over medial aspect of the knee. Positive TTP infrapatellar, ANT MED and ANT lateral aspect of the RIGHT knee. Patient's medications include Naproxen, Flexeril, Prilosec, and Tramadol. Per progress

report dated 09/04/15, the patient remains off work. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for Use of Opioids Section, page 78 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. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Treater does not specifically discuss this medication. Review of provided medical records show the patient was prescribed Tramadol on 02/13/15. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Tramadol significantly improves patient's activities of daily living with specific examples. Analgesia is not discussed, specifically showing pain reduction with use of Tramadol. There is no documentation regarding adverse effects and aberrant drug behavior. No UDS, CURES, or opioid contract. In this case, treater does not adequately discuss the 4A's as required by MTUS. Therefore, given the lack of documentation, the request IS NOT medically necessary.

Naproxen 500mg 1 PO BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: Based on progress report dated 09/04/15, the patient presents with RIGHT knee pain and stiffness. The request is for Naproxen 500mg 1 PO BID #60. The request for authorization is dated 09/21/15. The patient is status post RIGHT knee arthroscopy, 04/22/15. X-ray of the RIGHT knee, 02/18/15, was WNL. Patient's diagnoses include bilateral patellar tendinosis RIGHT > left; bilateral chondromalacia patella RIGHT > left. Physical examination of the RIGHT knee reveals decreased range of motion. No tenderness post. Min TTP over medial aspect of the knee. Positive TTP infrapatellar, ANT MED and ANT lateral aspect of the RIGHT knee. Patient's medications include Naproxen, Flexeril, Prilosec, and Tramadol. Per progress report dated 09/04/15, the patient remains off work. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 Anti-inflammatory medications section 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 pg60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater does not specifically discuss this medication. Review of provided medical records show the patient was prescribed Naproxen on 02/13/15. The patient continues with right knee pain. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. In this case, treater does not discuss or document functional improvement and the effect of pain relief with use of Naproxen. Therefore, the request IS NOT medically necessary.