

<b>Case Number:</b>	CM15-0203243		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	08/15/2011
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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 46 year old female, who sustained an industrial injury on 8-15-2011. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar facet arthropathy, lumbar stenosis, left IT band syndrome, left trochanteric bursitis, lumbar myofascial strain, lumbar degenerative disc disease, lumbago, left knee meniscal tear, and left knee degenerative joint disease. On 9-1-2015, the injured worker reported left knee pain with improvement noted since the 7-7-2015 injection, and low back pain still feeling mild relief from a left lumbar rhizotomy on 6-25-2015. The injured worker rated her knee pain as 6-7 out of 10 and her back pain as 6 out of 10 on the pain scale. The Primary Treating Physician's report dated 9-1-2015, noted the injured worker reported taking her Tylenol #3, prescribed since at least 7-7-2015, but had decreased her use due to "the side effects caused by her diabetes medications", taking over-the-counter (OTC) Aleve to help manage the pain along with the Ketoprofen cream. The injured worker was noted to have reported her medications helped to decrease her pain and improve her function. The injured worker's current medications were noted to include Tylenol #3 with 50% relief and causing some nausea, Ketoprofen cream providing 50% relief for 2-3 hours, and over-the-counter (OTC) Aleve. A CURES report from 7-7-2015 was noted to be consistent with the medications prescribed with no signs of misuse, abuse, divergence or addiction noted with the prescribed medications. The physical examination was noted to show tenderness to palpation of the left medial knee joint line and the lumbar L5-S1 paraspinals with positive bilateral lumbar facet loading, and improvement in lumbar extension since the previous visit.

The left knee was noted to have edema over the medial and inferior portion of the left patella with crepitus with flexion and extension along with the tenderness to palpation over the medial and lateral joint lines. Prior treatments have included a greater trochanteric bursae injection, bracing, chiropractic treatments, knee injections, left knee surgery, at least 10 sessions of post-op physical therapy noted to provide temporary relief for 2-3 hours, and Tramadol. The documentation provided did not include physical therapy progress notes that indicated the dates of service, or the injured worker's response to treatment. The treatment plan was noted to include a prescription for APAP with Codeine, Ketoprofen cream dispensed, follow up in 8 weeks, request for a left knee injection, a urine drug screen (UDS) completed at the visit, continued home exercise program (HEP) for the lumbar spine, and continued request for physical therapy as it would likely increase the injured worker's strength and mobility. The request for authorization was noted to have requested a left knee injection, follow up in 8 weeks, a urine drug screen, CM3 Ketoprofen 20%, Tylenol #3 #60, and continued physical therapy 2 times a week for 6 weeks. The Utilization Review (UR) dated 10-6-2015, certified the requests for a left knee injection, follow up in 8 weeks, and a urine drug screen, had previously denied the request for CM3 Ketoprofen 20% making it ineligible for review, modified the request for Tylenol #3 #60 to certify #49, and non-certified the request for continued physical therapy 2 times a week for 6 weeks.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tylenol #3 #60:** 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 the 9/1/15 progress report provided by the treating physician, this patient presents with improved but constant, stabbing left knee pain rated 6-7/10, located underneath the knee cap, worsened with weight-bearing activity especially walking, as well as constant, mild, aching pain in the left low back rated 6/10, aggravated by sudden movements. The treater has asked for TYLENOL #3 #60 on 9/1/15. The request for authorization was not included in provided reports. The back pain has remained persistent and unchanged, but the left knee symptoms have improved per 9/1/15 report. The patient is s/p left knee arthroscopic surgery on 2/10/14, 10 sessions of postoperative physical therapy which provided temporary relief for 2- 3 hours, a left knee steroid injection on 7/7/15 with 50% relief, 13 sessions of chiropractic treatment in 2013 per 9/1/15 report. The patient is s/p rhizotomy at Left L3-5 from 6/25/15 with mild relief per 9/1/15 report. The patient is currently having occasional headaches but not as frequent as before per 9/1/15 report. The patient is temporarily totally disabled as of the 3/5/15 report. 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, page 77, 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." The treater does not discuss this request in the reports provided. The patient was taking Tramadol since 3/5/15 report, but the treater switched to "#60 APAP w/ Codeine 300/30mg "q12h prn" on 7/7/15 report. The reason for the change from Tramadol to APAP with Codeine was not given per review of reports. The patient is currently taking Tylenol #3 BID "50% relief " causes some nausea" per requesting 9/1/15 report. Per 9/1/15 report, the treater states that "the patient is taking Tylenol #3 p.o. BID but she has decreased her use due to side effects caused by her diabetes medications." The patient states that Tylenol gives her 50% relief per 9/1/15 report. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. A UDS from 9/8/15 was consistent, and a CURES report on 7/7/15 was consistent, but no opioid contract was provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request IS NOT medically necessary.

**Continued physical therapy 2 times a week for 6 weeks (CPT 97001, 97750, 97110, 97112, 97116 & 97140): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Based on the 9/1/15 progress report provided by the treating physician, this patient presents with improved but constant, stabbing left knee pain rated 6-7/10, located underneath the knee cap, worsened with weight-bearing activity especially walking, as well as constant, mild, aching pain in the left low back rated 6/10, aggravated by sudden movements. The treater has asked for CONTINUED PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS (CPT 97001, 97750, 97110, 97112, 97116 & 97140) on 9/1/15. The request for authorization was not included in provided reports. The back pain has remained persistent and unchanged, but the left knee symptoms have improved per 9/1/15 report. The patient is s/p left knee arthroscopic surgery on 2/10/14, 10 sessions of postoperative physical therapy, which provided temporary relief for 2-3 hours, a left knee steroid injection on 7/7/15 with 50% relief, 13 sessions of chiropractic treatment in 2013 per 9/1/15 report. The patient is s/p rhizotomy at Left L3-5 from 6/25/15 with mild relief per 9/1/15 report. The patient is currently having occasional headaches but not as frequent as before per 9/1/15 report. The patient is temporarily totally disabled as of 3/5/15 report. MTUS Guidelines, Physical Medicine section, pages 98 and 99 states: "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." Per 9/1/15

report, the treater states: "continue to request physical therapy 2x per week x6 weeks for lumbar stabilization and IT band syndrome utilizing modalities. This patient will benefit from additional PT as this will likely increase her strength and mobility." In this case, the patient had 10 sessions of postoperative physical therapy with 2-3 hours of temporary relief, following her left knee arthroscopic surgery from 2/10/14. Per utilization review letter, dated 10/6/15 denies the request due to lack of documentation of functional improvement from prior therapy. The current request is for a course of physical therapy for the lumbar spine. However, MTUS only allows for 8-10 sessions in non-operative cases and the treater's request for 12 sessions exceeds guideline recommendations. Hence, the request IS NOT medically necessary.