MAXIMUS Federal Services

Case Number:	CM15-0203566		
Date Assigned:	10/20/2015	Date of Injury:	10/23/2003
Decision Date:	12/24/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/16/2015

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: New York
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 35 year old female, who sustained an industrial injury on 10-23-2003. The injured worker is undergoing treatment for: low back and lower leg joint pain. On 4-24-15, she was seen by QME and reported low back and bilateral knee pain. She is noted to have been given Celebrex for inflammation reduction. The provider noted she was helped by physical therapy and this is not further clarified. On 7-24-15, a supplemental report with discussion of the results of the bilateral knees MRI's completed on 6-25-15. The right knee is reported to show altered patellofemoral tracking and no evidence of meniscal tear or ligament tear. The left knee is reported as revealing thickening, scarring of the patella, full thickness chondral loss on the right side of the patella. The treatment and diagnostic testing to date has included: medications, MRI of the lumbar spine (6-26-15), MRI of the bilateral knees (6-25-15), electrodiagnostic studies (10-31-14). Medications have included: Celebrex, topical creams, Norco, and Lidoderm patches. The records indicate she has been utilizing Celebrex and Norco since at least April 2015, possibly longer. Current work status: unclear. The request for authorization is for: Physical therapy 2 times a week for 6 weeks, Orthovisc 3 series (6) for bilateral knees, Norco 10-325mg quantity 60, Celebrex 200mg quantity 60, and Flector patches quantity 60. The UR dated 9-23-2015: non-certified the request for Physical therapy 2 times a week for 6 weeks, Orthovisc 3 series (6) for bilateral knees, Norco 10-325mg quantity 60, Celebrex 200mg quantity 60, and Flector patches quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation ODG-TWC.

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

Decision rationale: The prescription for Physical Therapy is evaluated in light of the MTUS recommendations for Physical Therapy. MTUS recommends, 1) Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 2) Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The records do not indicate functional benefit from prior physical therapy visits. The request for 12 sessions of physical therapy is not medically necessary and appropriate.

Orthovisc 3 series (6), Bilateral Knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter--Hyaluronic acid injections.

Decision rationale: ODG state that a series of 3 to 5 injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Intra-articular injection of hyaluronic acid can decrease symptoms of osteoarthritis of the knee; there are significant improvements in pain and functional outcomes with few adverse events. Review

of submitted medical records of injured worker do not indicate severe osteoarthritis. Given the lack of documentation about failed therapies and other modalities, and also lack of clinical data to support the relationship of this diagnosis with the industrial injury of this worker, Medical necessity of the requested item has not been established.

Norco 10/325mg #60: 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, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Opioids.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It is also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the use of the medication." The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. The medical records submitted for review does not include the above recommended documentation. There were no functional improvements noted with the use of the medication. There is no change in medical dependence. Therefore the requested treatment: Norco 10/325mg #60 is not medically necessary and appropriate.

Celebrex 200mg #60: Upheld

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

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

Decision rationale: Celebrex (Celecoxib) is a selective non-steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. Unlike other NSAIDs, Celebrex does not appear to interfere with the antiplatelet activity of aspirin and is bleeding neutral when patients are being considered for surgical intervention or interventional pain procedures. Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months. Review of Medical Records do not indicate that in this injured worker, previous use of

this medication has been helpful in maintaining effective functional improvement. The medical necessity of the requested medication has not been established. The requested treatment: Celebrex 200mg #60 is not medically necessary.

Flector Patches #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation ODG-TWC.

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

Decision rationale: According to the California MTUS Guidelines, Diclofenac is indicated for the relief of osteoarthritis in joints that lend themselves to topical treatment, such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip, or shoulder. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The submitted documentation does not indicate failure of antidepressants and anticonvulsants. In addition, previous use of this medication has not been effective in maintaining functional improvement. The requested treatment: Flector Patches #60 is not medically necessary.