

Case Number:	CM15-0212837		
Date Assigned:	11/02/2015	Date of Injury:	08/06/2013
Decision Date:	12/14/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/29/2015

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:

This is a 43 year old female with a date of injury on 8-6-13. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral knee pain. Progress report dated 9-21-15 reports continued complaints of left knee pain rated 7 out of 10. The main complaint for this visit is her left hip. She continues with left knee pain that is worse with activity. She reports is happy with the knee exercise program, it did not help with the pain but helped educated to tolerate her symptoms. She states nothing is more helpful than aqua-therapy. She has been without medications for 3 weeks and her pain has increased. Norco and soma help reduce the pain and increase function bringing the pain level down to 4 out of 10 from 7 out of 10. Objective findings: normal affect, tender to palpation. Treatments include: medication, physical therapy, injections, left knee surgery, knee exercise program and aqua-therapy. According to the medical records the injured worker has been taking norco since at least 5-4-15. Request for authorization dated 9-21-15 was made for Norco 10-325 mg #150 and Aqua-therapy, left knee quantity 8. Utilization review dated 10-2-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

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

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

Decision rationale: The requested Norco 10/325mg #150 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80, Opioids for Chronic Pain, pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has left knee pain that is worse with activity. She reports is happy with the knee exercise program, it did not help with the pain but helped educated to tolerate her symptoms. She states nothing is more helpful than aqua-therapy. She has been without medications for 3 weeks and her pain has increased. Norco and soma help reduce the pain and increase function bringing the pain level down to 4 out of 10 from 7 out of 10. Objective findings: normal affect, tender to palpation. Treatments include: medication, physical therapy, injections, left knee surgery, knee exercise program and aqua-therapy. According to the medical records the injured worker has been taking Norco since at least 5-4-15. The treating physician has not documented objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #150 is not medically necessary.

Aquatherapy, left knee #8: 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): Aquatic therapy.

Decision rationale: The requested Aquatherapy, left knee #8 is not medically necessary. Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, page 22, note that aquatic therapy is "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." The injured worker has left knee pain that is worse with activity. She reports is happy with the knee exercise program, it did not help with the pain but helped educated to tolerate her symptoms. She states nothing is more helpful than aqua-therapy. She has been without medications for 3 weeks and her pain has increased. Norco and soma help reduce the pain and increase function bringing the pain level down to 4 out of 10 from 7 out of 10. Objective findings: normal affect, tender to palpation. Treatments include: medication, physical therapy, injections, left knee surgery, knee exercise program and aqua-therapy. According to the medical records the injured worker has been taking Norco since at least 5-4-15. The treating physician has not documented failed land-based therapy nor the patient's inability to tolerate a

gravity-resisted therapy program. The treating physician has not documented objective evidence of derived functional benefit from completed aquatic therapy sessions, such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Aquatherapy, left knee #8 is not medically necessary.