

<b>Case Number:</b>	CM15-0214145		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	08/30/1999
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 59 year old male who sustained a work-related injury on 8-30-99. Medical record documentation on 10-6-15 revealed the injured worker was being treated for myositis, shoulder joint pain and lower leg pain. The injured worker rated his pain level an 8 on a 10-point scale with his last dose of Norco 2 hours prior. He requested more physical therapy and had completed 24 sessions since May of 2015. He reported continued benefit with use of his H-wave and continued benefit with his physical therapy. His physical therapy allows him better range of motion of the right knee, less tightness, improved his balance and strength. He reported better range of motion especially with bending of the knees and noted that he was able to walk 100 feet without the use of crutches. Prior to physical therapy, he was unable to ambulate without crutches. The injured worker reported decreased efficacy of Norco max 6 per day for his chronic pain and noted that use of Percocet was more effective than Norco (9-9-15). Previous treatment included Percocet, Fentanyl and TENS unit. His medication regimen included Norco 10-325 mg for pain. He was status post total right knee replacement and status post right knee patellar realignment on 5-21-15. Objective findings included a slow antalgic gait with use of one Canadian crutch, decreased range of motion of the right knee and tenderness to palpation of the bilateral knees. A request for H-wave electrical stimulation unit (indefinite use), Norco 10-325 mg #180, and eight sessions of physical therapy for the right knee was received on 10-15-15. On 10-19-15, the Utilization Review physician determined H-wave electrical stimulation unit (indefinite use) and eight sessions of physical therapy for the right knee was not medically necessary and modified Norco 10-325 mg #180 to #120.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, pain treatment agreement.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2):149-58.

**Decision rationale:** The claimant has a remote history of a work injury in August 1999 and is being treated for bilateral knee pain. He underwent a right total knee replacement in July 2014 with arthroscopic surgery for a lateral release and debridement of scar tissue in May 2015. He has left knee osteoarthritis and is receiving Synvisc injections. Then seen in October 2015, he had increased pain after two aquatic physical therapy sessions. Land based therapy had been more effective. Medications included Norco, which was decreasing pain from 10/10 to 8/10. Percocet had been more effective. He had failed use of TENS but had used an H-wave device with decreased pain from 8/10 to 7/10 lasting for 2 hours. Physical examination findings included a body mass index of nearly 40. There was a slow and antalgic gait with use of a crutch. There was decreased right knee range of motion and he had bilateral knee tenderness. There was swelling and discoloration of the right knee and slight swelling on the left. There was decreased and painful right wrist range of motion with slight swelling and tenderness. Authorization for physical therapy, Norco, and an H-wave device purchase were requested. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and this medication is providing what is considered a clinically significant decrease in pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

**Physical therapy to the right knee, 8 sessions:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant has a remote history of a work injury in August 1999 and is being treated for bilateral knee pain. He underwent a right total knee replacement in July 2014 with arthroscopic surgery for a lateral release and debridement of scar tissue in May 2015. He has left knee osteoarthritis and is receiving Synvisc injections. Then seen in October 2015, he had increased pain after two aquatic physical therapy sessions. Land based therapy had been more effective. Medications included Norco, which was decreasing pain from 10/10 to 8/10. Percocet had been more effective. He had failed use of TENS but had used an H-wave device with decreased pain from 8/10 to 7/10 lasting for 2 hours. Physical examination findings included a body mass index of nearly 40. There was a slow and antalgic gait with use of a crutch. There was decreased right knee range of motion and he had bilateral knee tenderness. There was swelling and discoloration of the right knee and slight swelling on the left. There was decreased and painful right wrist range of motion with slight swelling and tenderness. Authorization for physical therapy, Norco, and an H-wave device purchase were requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy and found land based therapy more effective than the recent aquatic therapy treatments. Compliance with a land based home exercise program would be expected. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. The request is not medically necessary.

**H-wave electrical stimulation unit (indefinite use):** 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): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Farrar JT, Young JP, La Moreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2):149-58.

**Decision rationale:** The claimant has a remote history of a work injury in August 1999 and is being treated for bilateral knee pain. He underwent a right total knee replacement in July 2014 with arthroscopic surgery for a lateral release and debridement of scar tissue in May 2015. He has left knee osteoarthritis and is receiving Synvisc injections. Then seen in October 2015, he had increased pain after two aquatic physical therapy sessions. Land based therapy had been more effective. Medications included Norco, which was decreasing pain from 10/10 to 8/10. Percocet had been more effective. He had failed use of TENS but had used an H-wave device with decreased pain from 8/10 to 7/10 lasting for 2 hours. Physical examination findings included a body mass index of nearly 40. There was a slow and antalgic gait with use of a crutch. There was decreased right knee range of motion and he had bilateral knee tenderness. There was swelling and discoloration of the right knee and slight swelling on the left. There was decreased and painful right wrist range of motion with slight swelling and tenderness.

Authorization for physical therapy, Norco, and an H-wave device purchase were requested. H-wave stimulation is not recommended as an isolated intervention. Guidelines recommend that a one-month home-based trial may be considered as a noninvasive conservative option following failure of initially recommended conservative care, including recommended physical therapy, medications, and transcutaneous electrical nerve stimulation (TENS). In this case, the claimant has had a trial of H-wave stimulation without a clinically significant decreased in pain or apparent functional benefit. Purchasing a unit is not medically necessary.