

Case Number:	CM15-0040935		
Date Assigned:	03/12/2015	Date of Injury:	10/13/2011
Decision Date:	04/21/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/04/2015

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 50-year-old female, who sustained an industrial injury on 10/13/11. The injured worker has complaints of left knee pain and being unable to exercise consistently due to resulting pain from her anxiety. She has complaints of depression and increase weight gain. The documentation noted on the PR2 dated 1/23/15 that the injured workers weight was 210 pounds. The PR2 dated 11/10/14 noted that the injured workers weight was 194 pounds. The diagnoses have included post op left knee arthroscopic surgery and plantar fasciitis. The documentation noted that the injured worker had a Magnetic Resonance Imaging (MRI) of the left knee date 9/30/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 2 Times A Week for 4 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Physical medicine Page(s): 22, 98-99.

Decision rationale: This patient has a date of injury of 10/31/11 and is status post left knee arthroscopy from 06/24/14 with continued complaints of pain. The Request for Authorization is dated 01/23/15. The patient is outside of the post surgical time frame. The current request is for AQUA THERAPY 2 TIMES A WEEK FOR 4 WEEKS. The MTUS Guidelines page 22, chronic pain medical treatment guidelines regarding aqua therapy has the following, recommended as an optional form of exercise, where available, as an alternative to land-based physical therapy. Aqua therapy and swimming can minimize the effects of gravity, so it is specifically recommended when reduced weight bearing is desirable, for example extreme obesity. This patient has participated in 12 post operative physical therapy sessions following the 06/24/14 left knee arthroplasty. Physical therapy notes indicate improvement with post op physical therapy. The report dated 10/22/14 states that the patient has difficulty walking greater than one hour and continues to have some weakness. The treating physician recommended aqua therapy to focus on strengthening of her lower extremity without aggravating her per planus. In this case, the treating physician does not discuss why the patient would not be able to perform home exercises to strengthen this patient's lower extremities. Furthermore, the patient has recently completed a course of 12 sessions and the additional 8 sessions would exceed what is recommended by MTUS. For recommendation of number of supervised visits, the MTUS Guidelines page 98 and 99 recommends for myalgia- and myositis-type symptoms 9 to 10 visits over 8 weeks. This request IS NOT medically necessary.

Norco 10/325 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient has a date of injury of 10/31/11 and is status post left knee arthroscopy from 06/24/14 with continued complaints of pain. The Request for Authorization is dated 01/23/15. The current request is for NORCO 10/325MG #90. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument. The MTUS page 78 also requires documentation of the 4A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires 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. The patient has been prescribed this medication since 6/16/14. The progress report dated 11/10/14 states that pain medication is help. There is no further discussion regarding medication efficacy. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. The treating physician has failed to provide the minimum

requirements as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.

Soma 35 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: This patient has a date of injury of 10/31/11 and is status post left knee arthroscopy from 06/24/14 with continued complaints of pain. The Request for Authorization is dated 01/23/15. The current request is for SOMA 350MG #60. The MTUS Guidelines page 63-66 states, muscle relaxants, for pain: Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. The patient has been prescribed Soma, since 11/10/14 and MTUS Guidelines supports the use of cyclobenzaprine for short course of therapy, not longer than 2 to 3 weeks. This request IS NOT medically necessary.