

Case Number:	CM15-0050370		
Date Assigned:	03/23/2015	Date of Injury:	03/09/2010
Decision Date:	05/01/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/17/2015

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 (n) 45-year-old male, who sustained an industrial injury on 3/9/10. He reported in the left knee, low back and left wrist/hand. The injured worker was diagnosed as having status post left knee total knee arthroplasty, lumbar radiculopathy and left wrist/hand pain. Treatment to date has included physical therapy, TENs unit and pain medications. As of the PR2 dated 2/4/15, the injured worker reports 6/10 left knee pain. The treating physician noted left knee tenderness and range of motion 0-100 degrees. He also indicated that post-operative physical therapy facilitates diminution in left knee pain and improves tolerance to activity. The treating physician requested to continue post-operative physical therapy for the left knee, Hydrocodone and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy left knee 2x4: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with left knee pain (6/10). The request is for POST-OPERATIVE PHYSICAL THERAPY, LEFT KNEE 2x4. The patient is status post left knee total knee arthroplasty (08/01/14). There is no RFA provided and the date of injury is 03/09/10. Per 02/04/15 report, the patient has a diagnosis of status post left knee total knee arthroplasty, lumbar radiculopathy and left wrist/hand pain. Physical examination to the left knee revealed tenderness to palpation. There is no sign of infection. There is spasm musculature and lumboparaspinal musculature disease. Gait is slightly antalgic. Treatment to date has included physical therapy, TENs unit and pain medications. Current medications include Hydrocodone, Tramadol, Naproxen and Pantoprazole without any side effects. The patient is temporarily very disabled. MTUS Guidelines state the general course of post-operative physical therapy following knee replacement is 24 visits over 16 weeks and that the post-surgical physical medicine treatment period is 6 months. For non-post-operative therapy, MTUS pages 98, 99 have the following: "Physical Medicine: 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." For "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per 01/07/15 report, treater states, "Continue with post-op physical therapy with an emphasis on active therapy. Additional therapy is indicated provided physical nature work duties..." The patient has completed 18 post-op physical therapy sessions, per 12/10/14 report. MTUS guidelines recommend "following knee replacement is 24 visits over 16 weeks and that the post-surgical physical medicine treatment period is 6 months." In this case, the request for an additional 8 sessions is close to the allowed 24 visits per MTUS. Given the patient's goal to return to work, the request IS medically necessary.

Hydrocodone 10/325 mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with left knee pain (6/10), left wrist/hand pain (5/10) and low back pain with lower extremity symptoms (6/10). The request is for HYDROCODONE 10/325MG #60. The patient is status post left knee total knee arthroplasty (08/01/14). There is no RFA provided and the date of injury is 03/09/10. Per 02/04/15 report, the patient has a diagnosis of status post left knee total knee arthroplasty, lumbar radiculopathy and left wrist/hand pain. Physical examination to the left knee revealed tenderness to palpation. There is no sign of infection. There is spasm musculature and lumboparaspinal musculature disease. Gait is slightly antalgic. Treatment to date has included physical therapy, TENs unit and pain medications. Current medications include Hydrocodone, Tramadol, Naproxen and Pantoprazole without any side effects. The 12/10/14 report states that the medications allow the patient to perform ADL's including grocery shopping, necessary household duties, bathing, grooming,

preparing food and cooking. Per same report treater states, "The medications facilitate a 2-3 point diminution in pain component." The patient is temporarily very disabled. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS page 78 also requires documentation of the 4A's (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 p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In provided medical records, the patient has been prescribed Hydrocodone at least since 09/12/14. Per 12/10/14 report, treater states, "Hydrocodone is reserved for "breakthrough" pain. ADL's are maintained during bouts of severe pain and flare ups such as with exercise and greater activity." The patient does not exhibit any aberrant drug-seeking behavior. The UDS performed on 02/04/15 was consistent with the current medication regimen and there is a CURES report on file. The use of opiates requires detailed documentation regarding pain and function. MTUS requires appropriate discussion of the 4A's. In this case, the provider has discussed all 4 A's as required by guidelines and therefore, the request for Hydrocodone IS medically necessary.

Tramadol 50 mg #90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDSTramadol Page(s): 76-78, 88-89, 113.

Decision rationale: The patient presents with left knee pain (6/10), left wrist/hand pain (5/10) and low back pain with lower extremity symptoms (6/10). The request is for TRAMADOL 50MG #90. The patient is status post left knee total knee arthroplasty (08/01/14). There is no RFA provided and the date of injury is 03/09/10. Per 02/04/15 report, the patient has a diagnosis of status post left knee total knee arthroplasty, lumbar radiculopathy and left wrist/hand pain. Physical examination to the left knee revealed tenderness to palpation. There is no sign of infection. There is spasm musculature and lumboparaspinal musculature disease. Gait is slightly antalgic. Treatment to date has included physical therapy, TENs unit and pain medications. Current medications include Hydrocodone, Tramadol, Naproxen and Pantoprazole without any side effects. The 12/10/14 report states that the medications allow the patient to perform ADL's including grocery shopping, necessary household duties, bathing, grooming, preparing food and cooking. Per same report treater states, "Tramadol results in average 4-5 point decrease in pain on a scale of 10." The patient is temporarily very disabled. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS 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. In provided medical records, the patient has been prescribed Tramadol at least since 09/12/14. Per 12/10/14 report, treater states, "Tramadol provides significant objective improvement including improved range of motion and better tolerance to activity and exercise as the provided example." The patient does not exhibit any aberrant drug-seeking behavior. The UDS performed on 02/04/15 was consistent with the current medication regimen and there is a CURES report on file. The use of opiates requires detailed documentation regarding pain and function. MTUS requires appropriate discussion of the 4A's. In this case, the provider has discussed all 4 A's as required by guidelines and therefore, the request for Tramadol IS medically necessary.