MAXIMUS Federal Services

Case Number:	CM15-0063566		
Date Assigned:	04/17/2015	Date of Injury:	05/20/2012
Decision Date:	07/22/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/03/2015

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: 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:

The injured worker is a 33 year old female patient who has reported multifocal pain after kneeling on 05/20/2012. The diagnoses have included patellofemoral syndrome and lumbar strain. A whole body scan on 11/25/14 was negative, and blood tests, including rheumatological tests, were negative on 2/16/15. The AME of 2/16/15 reviewed a sleep study which was normal, normal blood chemistries with an arthritis screen, and a normal bone scan. He noted that the sleep study did not support the injured worker's report of insomnia. The injured worker has seen a pain management physician as well as the primary treating physician physiatrist. On 1/27/15 the pain management physician submitted a Request for Authorization for tramadol #90. He noted that the injured worker was performing sedentary work for 4 hours per day. He performed a urine drug screen on 8/25/14 that was positive for alcohol and tramadol. The pain management physician was prescribing only tramadol. Apparently the current primary treating physician began seeing the injured worker as of 1/15/15. The primary treating physician reports are stereotyped and contain much of the same information in each report, making it difficult to determine what current information is. The treatment plan items now under Independent Medical Review were listed at multiple office visits. The primary treating physician, per the 1/15/15 report, noted current sedentary work, 4-5/10 knee and back pain, and use of unspecified medications. The treatment plan included all the medications currently prescribed as well as a knee injection. The primary treating physician dispensed/prescribed the same kinds and quantities of medications at the 2/11/15 visit as those on 3/11/15. There are brief mentions of insomnia. Per the primary treating physician report of 03/11/2015, there was 2-4/10 pain in the

low back and knees. Ultram decreases the pain by 50 % for 5 hours in duration. Functionally she is able to return to work. The knees were diffusely tender and the left Q-angle was15. The diagnoses were lumbar strain, and patellofemoral syndrome. The treatment plan included a rheumatology consultation; trial of Kinesio taping of the knees, and continue Anaprox #100, Trazodone #100 for insomnia with depression, Ultram, Benadryl for sleep, Lidoderm for the knee, Colace, and Norco. A TheraBands kit and patellar brace were dispensed. The work status was modified. On 3/18/15 Utilization Review certified x-rays of the left knee, Ultram #60, and McConnell taping. Anaprox, Lidoderm, Colace, Norco, TheraBands, a knee brace, Trail Kinesio taping, and a rheumatology referral were non-certified. The MTUS, the Official Disability Guidelines, and other evidence were cited. Per a conversation with the treating physician, many of the items requested were not bona fide, current requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, NSAIDs for Back Pain - Acute exacerbations of chronic pain, Back Pain - Chronic low back pain, NSAIDs, specific drug list & adverse effects Page(s): 60, 68, 68, 70-73.

Decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise. Multiple medications were initiated simultaneously, which is not recommended in the MTUS and which makes determination of benefits and side effects nearly impossible. No reports provide an assessment of the specific results of using Anaprox. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. The treating physician is giving this patient excessive dose of naproxen, more than recommended by the MTUS and the manufacturer. 550 mg naproxen should not be taken more than twice a day, yet #100 are dispensed monthly. The MTUS does not recommend chronic NSAIDs for low back pain. NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. This NSAID is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings. This request for Anaprox is not medically necessary.

Lidoderm Patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 57.

Decision rationale: Topical lidocaine (Lidoderm patch) is indicated for post-herpetic neuralgia, according to the manufacturer. The MTUS recommends Lidoderm only for localized peripheral neuropathic pain after trials of tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica. The MTUS recommends against Lidoderm for low back pain or osteoarthritis. There is no evidence in any of the medical records that this injured worker has peripheral neuropathic pain, or that she has failed the recommended oral medications. Lidoderm was started at the same time as multiple other medications contrary to the MTUS recommendations. Lidoderm was prescribed for knee pain that has no apparent neuropathic basis. There is no evidence of any benefit from the Lidoderm used to date. Lidoderm is not medically necessary based on the MTUS.

Colace 250mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy [with opioids] Page(s): 77.

Decision rationale: Although laxatives are indicated when opioids are prescribed, the opioids are not medically necessary in this case. The treating physician has not provided other reasons for laxatives so laxatives would not be medically necessary if opioids are not medically necessary. Therefore, this request for Colace is not medically necessary.

Norco 5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management, Opioids, steps to avoid misuse/addiction, indications, Chronic back pain, Mechanical and compressive etiologies, Medication trials Page(s): 77-81, 94, 80, 81, 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Alcohol and opioids, Pain chapter, Opioids.

Decision rationale: There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should

be a prior failure of non-opioid therapy. When the primary treating physician first saw this injured worker, she was receiving opioids from another physician. This was not investigated or discussed. Patients should not receive opioids from multiple sources and opioids should not be continued by another physician without a comprehensive evaluation of prior use. There is no evidence that the treating physician has utilized a treatment plan not using opioids, and that the patient has failed a trial of non-opioid analgesics. The MTUS recommends random urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. Page 60 of the MTUS, cited above, and recommends that medications be trialed one at a time. In this case, medications were initiated as a group, making the determination of results, side effects, and benefits very difficult to determine. The Official Disability Guidelines, chronic pain, opioid section states: Extreme caution is required for any opioid use in patients with the following: (1) Individuals with a high risk for misuse or diversion; (2) Individuals with evidence of substance abuse issues; The risk of overdose increases when opioids are used with other drugs (such as benzodiazepines, cocaine, and/or heroin) or alcohol. Recommend that if a patient exhibits aberrant behaviors these concerns should be addressed immediately. It has been suggested that most chronic pain problems will not resolve while there is active and ongoing alcohol, illicit drug, or prescription drug abuse. There is no evidence that the treating physician is performing drug testing currently or has responded to the prior failed drug test which was positive for alcohol. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS. Therefore, this request is not medically necessary.

Home TheraBands Kit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter.

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

Decision rationale: Per the MTUS, Chronic Pain section, Physical Medicine visits may be indicated with progression to home exercise. Home exercise may be interpreted to include TheraBands exercises. However, at each office visit the treating physician states that he dispenses a TheraBands kit. There is no apparent reason for more than one of these kits and the treating physician has not provided a rationale for this. Given the prior kit or kits dispensed, an additional kit is not medically necessary. This request is not medically necessary.

Patellar tendon brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338, 340, 346, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The ACOEM Guidelines page 340 state that a knee brace can be used for patellar instability, ACL tear, or MCL instability, although its benefits may be more related to increasing the patient's confidence than strictly medical. A brace would usually be needed if the patient will be stressing the knee under load, such as climbing or carrying. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. On page 338, a knee sleeve is an option for patellofemoral syndrome. The knee sleeve might function as the brace dispensed in this case. However, at each office visit the treating physician states that he dispenses this knee brace. There is no apparent reason for more than one of these braces and the treating physician has not provided a rationale for this. Given the prior brace or braces dispensed, an additional brace is not medically necessary. This request is not medically necessary.

Trail Kinesio taping: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter, taping.

Decision rationale: The MTUS has no recommendations regarding knee taping. The Official Disability Guidelines recommend taping for patellofemoral syndrome. The treating physician has prescribed two kinds of taping, with no rationale as to why two different systems should be initiated at the same time. One method was already authorized and the results are not discussed in the available reports. Therefore, this request for Kinesio taping is not medically necessary given the concurrent trial of another taping system.

Rheumatology consults to R/O pain symptoms: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter 7, Independent Medical Examination and Consultations pp 127 and Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 332, 339. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate, General evaluation of the adult with knee pain, updated 11/21/14.

Decision rationale: The treating physician has provided no specific indicators for any rheumatological disease. He did not present a history or clinical examination consistent with an inflammatory or rheumatological disease. He did not discuss the tests already performed by the AME, the bone scan and blood tests, which were normal. The guidelines cited above provide direction for evaluating inflammatory knee conditions. The treating physician has not provided evidence for an evaluation consistent with these recommendations, with findings indicative of rheumatological disease. The referral is therefore not medically necessary.