MAXIMUS Federal Services

Case Number:	CM15-0086759		
Date Assigned:	05/11/2015	Date of Injury:	02/05/2010
Decision Date:	06/10/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/06/2015

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: Connecticut, California, Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational 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 47 year old female, who sustained an industrial injury on 02/05/2010. According to a progress report dated 04/02/2015, the injured worker continued to experience bilateral knee pain. She complained of sharp burning in the front of the left knee with intermittent swelling. She was only able to stand for about a half an hour at a time due to pain. She also reported anterior right knee pain. The request for a left knee replacement and Euflexxa injection to treat arthritis of the knees was denied. The injured worker reported that previous access to a swimming pool helped relieve her knee pains and strengthened her lower extremities. She had less trepidation when walking on uneven surfaces. Previous treatment with Naproxen and Diclofenac caused headaches. Treatment to date has included MRI of the left knee, medications, steroid injection the left knee and surgery to the left knee. Diagnoses included grade IV chondromalacia medial femoral condyle patellofemoral joint left knee, status post partial medical meniscectomy left knee, bilateral chondromalacia patella and bilateral knee pain. Treatment plan included three sessions of aquatic therapy followed by a six month self-directed aquatic therapy program and prescriptions included Nucynta. Currently under review is the request for Nucynta and independent aquatic therapy for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of multiple medical problems in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. The recent documents requesting Nucynta do not detail a requested quantity for the medication, indicating that more detailed expectations should be outlined with the patient regarding the treatment plan. Consideration of other pain treatment modalities and adjuvants is also recommended. In light of the chronic nature of this case and risk of adverse effects, the request is not considered medically necessary.

Independent aquatic therapy for 6 months: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

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, aquatic therapy.

Decision rationale: Aquatic therapy is recommended by the Official Disability Guidelines 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, especially deep water therapy with a floating belt as opposed to shallow water requiring weight bearing, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Aquatic exercise appears to have some beneficial short-term effects for patients with hip and/or knee osteoarthritis while no long-term effects have been documented. Positive short-term effects include significantly less pain and improved physical function, strength, and quality of life. Aquatic therapy is useful for TKA rehabilitation because it allows patients to exercise in an environment that relieves body weight while muscular strength is gradually restored. In this case, as the patient is being considered for a possible total knee arthroplasty, it is reasonable to consider starting aqua therapy (3 dedicated visits and then self-directed therapy) as part of the rehabilitation process, even if surgery is pending; therefore the request is considered medically appropriate.