

Case Number:	CM15-0088822		
Date Assigned:	05/13/2015	Date of Injury:	11/13/2012
Decision Date:	07/02/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/08/2015

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 61-year-old female, with a reported date of injury of 11/13/2012. The diagnoses include lumbar spine sprain/strain, lumbar degenerative disc disease, lumbar spondylosis, lumbar radiculopathy, left hip osteoarthritis, left wrist/hand sprain/strain, bilateral carpal tunnel syndrome, left knee meniscal tear, and status post left knee partial medial meniscectomy. Treatments to date have included oral medications; an MRI of the lumbar spine, which showed disc bulge with neuroforaminal narrowing at L5-S1; left-sided L5-S1 transforaminal epidural steroid injection on 10/01/2014; electromyography of the upper extremities, chiropractic treatment, and physical therapy. The progress report dated 12/30/2014 indicates that the injured worker complained of left knee pain, rated 5 out of 10, lumbar spine pain, rated 6 out of 10 with radicular bilateral lower extremity pain to the feet, left hip pain rated 5 out of 10, and left hand pain, rated 6-7 out of 10. The objective findings include an antalgic gait, movement with stiffness, tenderness of the left volar wrist, positive left Phalen's test and Tinel's test at the wrist, intact sensory, full range of motion of the left wrist, mild lumbar tenderness, tenderness of the left medial and lateral joint line, positive bilateral straight leg raise test, decreased lumbar range of motion, and swelling at the left medial joint line. The physical therapy note dated 04/07/2015 indicates that the injured worker reported that her knee was feeling better. It was noted that the injured worker presented with tissue restrictions in the rectus femoris, as well as minimal swelling to the medial and lateral patella. The treating physician requested Motrin 800mg #60, Cyclobenzaprine-Tramadol cream #1, Tramadol #60, and twelve (12) physical therapy session for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications page(s): 22, 60.

Decision rationale: The patient was injured on 11/13/12 and presents with left knee pain, lumbar spine pain, left hip pain, and left hand pain. The request is for Motrin 800mg #60. The RFA is dated 03/01/15 and the patient is on temporary total disability. The patient has been taking this medication as early as 12/30/14. Regarding NSAIDs, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS page 60 also states, "a record of pain and function with the medication should be recorded," when the medications are used for chronic pain. The reason for the request is not provided. The 12/30/14 report states that the patient rates her left knee pain as a 5/10, her lumbar spine pain as a 6/10, her left hip pain as a 5/10, and her left hand pain as a 6-7/10. The patient is diagnosed with lumbar spine sprain/strain, lumbar degenerative disc disease, lumbar spondylosis, lumbar radiculopathy, left hip osteoarthritis, left wrist/hand sprain/strain, bilateral carpal tunnel syndrome, left knee meniscal tear, and status post left knee partial medial meniscectomy. In this case, none of the reports provided indicate how Motrin has impacted the patient's pain and function, as required by MTUS page 60. Therefore, the requested Motrin is not medically necessary.

Cyclo-Tramadol Cream #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic page(s): 111-113.

Decision rationale: The patient was injured on 11/13/12 and presents with left knee pain, lumbar spine pain, left hip pain, and left hand pain. The request is for cyclo-tramadol cream #1. The RFA is dated 03/01/15 and the patient is on temporary total disability. The patient has been taking this medication as early as 12/30/14. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." Topical NSAIDs are indicated for peripheral joint arthritis/ tendinitis. The patient is diagnosed with lumbar spine sprain/strain, lumbar degenerative disc disease,

lumbar spondylosis, lumbar radiculopathy, left hip osteoarthritis, left wrist/hand sprain/strain, bilateral carpal tunnel syndrome, left knee meniscal tear, and status post left knee partial medial meniscectomy. In this case, there is no discussion regarding this request. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound consists of Cyclobenzaprine and Tramadol, neither of which is indicated for use as a topical formulation. Therefore, the requested Cyclo-Tramadol cream is not medically necessary.

Tramadol #60: Upheld

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

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 was injured on 11/13/12 and presents with left knee pain, lumbar spine pain, left hip pain, and left hand pain. The request is for Tramadol #60. The RFA is dated 03/01/15 and the patient is on temporary total disability. The patient has been taking this medication as early as 12/30/14. Progress reports are provided from 09/10/14 to 04/03/15. 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 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." The 12/30/14 report states that the patient rates her left knee pain as a 5/10, her lumbar spine pain as a 6/10, her left hip pain as a 5/10, and her left hand pain as a 6- 7/10. In this case, none of the 4 As are addressed as required by MTUS Guidelines. Although the treater provides a general pain scale, there are no before-and-after medication pain scales. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There is no pain management issues discussed such as urine drug screens, CURES report, pain contract, etc. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Tramadol is not medically necessary.

Physical Therapy 3 times a week for 4 weeks for the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines page(s): 24-25.

Decision rationale: The patient was injured on 11/13/12 and presents with left knee pain, lumbar spine pain, left hip pain, and left hand pain. The request is for physical therapy 3 times a

week for 4 weeks for the left knee. The RFA is dated 03/01/15 and the patient is on temporary total disability. The patient has been taking this medication as early as 12/30/14. The report with the request is not provided. On 03/09/15, the patient underwent a left knee partial medial meniscectomy. The utilization review denial letter states that "PT report dated 04/02/15 notes that the claimant has attended 10 sessions of physical therapy for the left knee. Knee strength has improved from 2- to 3- strength in flexion and there is also improved knee extension strength noted. Activity tolerance has improved. The claimant reports 40% improvement with therapy services." MTUS guidelines pages 24-25 allow for 12 visits over 12 weeks for a meniscectomy. The post-surgical time frame is 6 months. The reason for the request is not provided. The patient is diagnosed with lumbar spine sprain/strain, lumbar degenerative disc disease, lumbar spondylosis, lumbar radiculopathy, left hip osteoarthritis, left wrist/hand sprain/strain, bilateral carpal tunnel syndrome, left knee meniscal tear, and status post left knee partial medial meniscectomy. It appears that the patient has completed 10 sessions of therapy as of 04/02/15. An additional 12 physical therapy sessions to the 10 session the patient has already completed exceeds what is allowed by MTUS guidelines. Therefore, the request is not medically necessary.