

<b>Case Number:</b>	CM14-0161202		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	04/29/2004
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey and New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 49 year-old female who was injured on 4/29/04. The mechanism of injury was not documented in this chart. She complained of bilateral shoulder pain and back pain radiating to her legs. She had decreased range of motion of neck and shoulders, mild weakness of upper and lower extremities. She was diagnosed with cervicobrachial syndrome, cervical radiculopathy, chronic sacroiliac joint dysfunction, sciatica, lumbosacral strain, rotator cuff syndrome, internal derangement of the knee, and chronic pain syndrome. She was on medications such as Tizanidine, Cyclobenzaprine, Gabapentin, Oxycodone, Naproxen, Tramadol, Docusate, and Lyrica. She had urine drugs screens. She was on pantoprazole for dyspepsia due to chronic stress. She also could not tolerate Naproxen due to dyspepsia. She had had a functional restoration program evaluation and physical therapy. She had epidural steroid injections of her lower back in 2006. She also had right knee arthroscopy on 9/21/12, right ulnar nerve transposition, and carpal tunnel release. The pain persisted so the current request is for additional physical therapy, a knee brace, and Oxycodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve physical therapy visits for the cervical spine, lumbar spine, bilateral shoulders and right knee: Upheld**

**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 goal of physical therapy is to educate patients to be independent in their care taking. As per MTUS guidelines, 9-10 visits over 8 weeks for myalgias or 8-10 visits over 4 weeks for neuralgia/neuritis is recommended. The patient has received physical therapy in the past, but the exact number of sessions has not been clearly documented. Also, her functional improvement has not been documented. The patient continues with pain medications without decreasing dosage so it appears that the physical therapy has not provided any relief or improvement in symptoms and functional status. Therefore, the request is considered not medically necessary.

**Right knee 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): 340.

**Decision rationale:** As per the MTUS guidelines, "a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional (i.e., increasing the patient's confidence than medical) Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. 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." The patient does not suffer from any of the conditions stated above and would not be undergoing any strenuous activities that would require a brace. Her diagnosis for her knee is listed as internal derangement but there is no documentation for tears or instability of the knee. Therefore, the request is considered medically unnecessary.

**Oxycodone HCL IR 5 mg #60:** Upheld

**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 Opioids Page(s): 75, 78-79.

**Decision rationale:** The request is considered not medically necessary. There is no documentation of improvement in pain or increased functioning while on Oxycodone IR. Short-acting opiates are effective at controlling pain and must be continuously monitored due to its high rate of addiction. There is no documented drug contract. The goal was to minimize her dependency on oral opioids by 30% and maximize her function. This did not occur and the dose

was increased without documented decrease in pain. The 4 A's of opioid monitoring were not adequately documented. Therefore the request is considered medically unnecessary.

**Oxycodone 15 mg #60:** Upheld

**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 Opioids Page(s): 75, 78-79.

**Decision rationale:** The request is considered not medically necessary. There is no documentation of improvement in pain or increased functioning while on Oxycodone IR. Short-acting opiates are effective at controlling pain and must be continuously monitored due to its high rate of addiction. There is no documented drug contract. The goal was to minimize her dependency on oral opioids by 30% and maximize her function. This did not occur and the dose was increased without documented decrease in pain. The 4 A's of opioid monitoring were not adequately documented. Therefore the request is considered medically unnecessary.