

Case Number:	CM14-0177123		
Date Assigned:	10/30/2014	Date of Injury:	03/12/2013
Decision Date:	12/08/2014	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	10/27/2014

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 Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. 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:

This is a 27-year-old female with a 3/12/13 date of injury when she injured her knees and legs while she tripped over a plastic mat, fell and hit the leg of a rolling chair. The progress note dated 7/10/14 indicated that the patient will receive a transcutaneous electrical nerve stimulation (TENS) unit, which was approved and that the patient will receive a prescription for Trazodone. The patient was seen on 9/24/14 with complaints of persistent 8-9/10 right knee pain and 2-7 left knee pain. The patient stated that Norco decreased the pain to a comfortable level and that the pain was waking her up at night. The patient felt stressed out, frustrated and depressed due to the pain and physical limitations and reported sleep difficulties. Exam findings revealed blood pressure 148/95, pulse 97, right lower extremity extension 180 degrees and the flexion 120. The left lower extremity extension was 180 degrees and the flexion was 120 degrees. The diagnosis is bilateral patellofemoral inflammation of the knee and trochanteric bursitis with possible impingement of the right hip. Treatment to date: work restrictions, physical therapy (PT), knee brace and medications. An adverse determination was received on 10/18/14 for a lack of documentation suggesting the need for reduced weight bearing exercises; failed PT treatment; no history of a trial with other sleep medications and lack of functional benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Aqua therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy Page(s): 22.

Decision rationale: CA MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. However the progress notes indicated that the patient was attending PT and there was a lack of documentation indicating that she was not able to attend land-based exercises. In addition, there is no rationale with regards to the necessity for reduced weight-bearing therapy for the patient. Therefore, the request for 18 Aqua therapy sessions is not medically necessary.

Transcutaneous electrical nerve stimulation (TENS) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 114-116.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include Chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. The progress note dated 7/10/14 indicated that a TENS unit was approved for the patient. However, there is a lack of documentation indicating that the patient started treatment with a TENS unit. In addition, there is no specific duration or request for a trial and there is a lack of documentation indicating that the patient failed PT treatment. Therefore, the request for a TENS unit is not medically necessary.

Trazadone 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter Trazodone

Decision rationale: CA MTUS does not specifically address Trazodone. ODG recommends Trazodone as an option for insomnia only for patients with potentially coexisting mild

psychiatric symptoms such as depression or anxiety. Trazodone has also been used successfully in fibromyalgia. The progress notes indicated that the patient received a prescription for Trazodone on 7/10/14. However, there is a lack of documentation indicating objective functional gains from prior use. In addition, during the visit dated 9/24/14 the patient complained of depression and sleep difficulties and she did not mention any improvements in her symptoms from the use of Trazodone. Therefore, the request for Trazodone 50mg #60 is not medically necessary.

Norco 5/300mg #45: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2013 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The progress report dated 9/24/14 indicated that Norco decreased the patient's pain to a comfortable level, however, the records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 5/300mg #45 is not medically necessary.