

<b>Case Number:</b>	CM15-0118259		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	09/21/2010
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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 66-year-old male who sustained an industrial injury on 9/21/10. Diagnoses are derangement of meniscus not elsewhere classified, lateral medial meniscus knee sprain/strain, and insomnia. In a progress report dated 11/17/14, a treating physician notes knee pain rated at 8 out of 10 and loss of sleep. Objective findings note tenderness of the knee area. Range of motion is noted but part of the handwritten note is illegible. Naproxen, Tramadol and Cyclobenzaprine were prescribed. A urine drug screen was done 2/16/15 and 5/4/15. A functional capacity evaluation was done on 12/3/14, notes range of motion of the left knee was 46 degrees on flexion and 10 degrees on extension, and the right knee was 61 degrees on flexion and 5 degrees on extension. Work status is to remain off work. Previous treatment includes compounded topical cream and a functional capacity evaluation. The requested treatments are Tramadol HCL 150 #60, Prilosec/Omeprazole 20mg #60, shockwave therapy sessions to the left knee 1x3, and a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 150 #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Tramadol.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 80-81.

**Decision rationale:** This patient presents with chronic knee pain. The current request is for Tramadol HCL 150 #60. The RFA is dated 05/12/15. Previous treatment includes knee surgery (09/08/12), physical therapy, medications, knee injection, and a functional capacity evaluation. The patient remains off work. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or 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. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS pages 80 and 81 also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The most recent report provided for my review is a functional capacity evaluation report from 12/03/14. According to this report, the patient presents with continued bilateral knee pain. Examination notes range of motion of the left knee was 46 degrees on flexion and 10 degrees on extension and the right knee was 61 degrees on flexion and 5 degrees on extension. Hand written progress report from 11/17/14 revealed patient continues to have bilateral knee pain with loss of sleep. Pain level with medication is 7/10 and without medication 8/10. Examination noted tenderness in the knee area and decreased bilateral knee ROM. A urine drug screen was done 2/16/15 and 5/4/15. The patient has been utilizing Tramadol since at least 11/26/14. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, the treater does not discuss how Tramadol significantly improves patient's activities of daily living with specific examples of ADL's. Two UDS reports are included in the medical file, but no other discussion regarding possible aberrant drug behavior. Adverse side effects were not addressed either. Some but not all of the guidelines requirements are documented. Therefore, the request IS NOT medically necessary and recommendation is for slow weaning.

**Prilosec/Omeprazole 20mg #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 (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against both GI and cardiovascular risk factors Page(s): 69.

**Decision rationale:** This patient presents with chronic knee pain. The current request is for Prilosec/Omeprazole 20mg #60. The RFA is dated 05/12/15. Previous treatment includes knee

surgery (09/08/12), physical therapy, medications, knee injection, and a functional capacity evaluation. The patient remains off work. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." It is unclear why and when Prilosec was initiated, as there is no discussion of this medication in the medical file provided for my review. The patient has been taking Naproxen on a long-term basis; but the treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Provided reports do not show evidence of gastric problems, and there is no mention of GI issues. This request IS NOT medically necessary.

### **3 Shockwave Therapy Sessions to the Left Knee (1x3): 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, Extracorporeal Shockwave Therapy.

**Decision rationale:** This patient presents with chronic knee pain. The current request is for 3 Shockwave Therapy Sessions to the Left Knee (1x3). The RFA is dated 05/12/15. Previous treatment includes knee surgery (09/08/12), physical therapy, medications, knee injection, and a functional capacity evaluation. The patient remains off work. The ACOEM Guidelines page 235 states the following regarding ESWT, "Published randomized clinical trials are needed to provide better evidence for the use of many physical therapy modalities that are commonly employed. Some therapists use a variety of procedures. Conclusions regarding their effectiveness may be based on anecdotal reports or case studies. Included among these modalities is extracorporeal shockwave therapy (ESWT)." The ODG Guidelines under the knee chapter on Extracorporeal Shockwave Therapy states, "Under study for patellar tendinopathy and for long-bone hypertrophic non-unions". Meeting suggest that extracorporeal shockwave therapy (ESWT) is ineffective for treating patellar tendinopathy, compared to the current standard of care emphasizing multimodal physical therapy focused on muscle retraining, joint mobilization, and patellar taping. The most recent report provided for my review is a functional capacity evaluation report from 12/03/14. According to this report, the patient presents with continued bilateral knee pain. Examination notes range of motion of the left knee was 46 degrees on flexion and 10 degrees on extension and the right knee was 61 degrees on flexion and 5 degrees on extension. Hand written progress report from 11/17/14 revealed patient continues to have bilateral knee pain with loss of sleep. Pain level with medication is 7/10 and without medication 8/10. Examination noted tenderness in the knee area and decreased bilateral knee ROM. The medical records provided for review are limited and it cannot be determined whether the patient has participated in prior shockwave therapy for the knee. In any case, ACOEM and ODG Guidelines do not support the use of ESWT for knee conditions. This request IS NOT medically necessary.

**Urine Drug Screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management; Opioids, steps to avoid misuse/addiction Page(s): 82, 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), UDT.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Urine Drug Testing.

**Decision rationale:** This patient presents with chronic knee pain. The current request is for Urine Drug Screen. The RFA is dated 05/12/15. Previous treatment includes knee surgery (09/08/12), physical therapy, medications, knee injection, and a functional capacity evaluation. The patient remains off work. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Pain Chapter, under Urine Drug Testing has the following: "Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter." The most recent report provided for my review is a functional capacity evaluation report from 12/03/14. According to this report, the patient presents with continued bilateral knee pain. Examination notes range of motion of the left knee was 46 degrees on flexion and 10 degrees on extension and the right knee was 61 degrees on flexion and 5 degrees on extension. Hand written progress report from 11/17/14 revealed patient continues to have bilateral knee pain with loss of sleep. Pain level with medication is 7/10 and without medication 8/10. Examination noted tenderness in the knee area and decreased bilateral knee ROM. The patient has been utilizing Tramadol on a long term basis and UDS to monitor compliance is in accordance with MTUS; however urine drug screens were done 2/16/15 and 5/4/15 with no documented inconsistencies. There is no indication of aberrant behavior or any indication in the progress notes that this patient is considered "high risk." More frequent screening is not supported by guidelines without prior UDS inconsistencies, displays of aberrant behavior, or suspected drug diversion. Therefore, the request IS NOT medically necessary.