

<b>Case Number:</b>	CM15-0118646		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	10/02/2008
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 42 year old male, who sustained an industrial injury on 10/02/2008. He has reported subsequent right knee and back pain and was diagnosed with internal derangement of the right knee status post total knee replacement on the right and two manipulations under anesthesia, discogenic lumbar condition with facet inflammation and chronic pain. Treatment to date has included medication, surgery, application of heat and ice and 20 physical therapy sessions post manipulation. 12 of the therapy sessions were noted to occur after the first manipulation and 8 physical therapy sessions occurred after the second manipulation. In a progress note dated 05/07/2015, the injured worker was noted to be status post manipulation for the knee the previous week. The injured worker was noted to be unable to walk more than 4-5 minutes with inability to squat or to navigate stairs. Objective findings were notable for extension of 165 degrees against gravity and flexion of 90 degrees while seated. The injured was noted to be unable to work. A request for authorization of lumbar back support, back support insert, Norflex 100 mg #60, Aciphex 20 mg #30, Tramadol ER 150 mg #30, Oxycodone 30 mg #60, Soma #100, Norco 10/325 mg #180 and physical therapy x 12 for the right knee and lumbar spine was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar back support:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, lumbar and thoracic (acute and chronic).

**Decision rationale:** MTUS is silent regarding lumbar supports so alternative guidelines were referenced. As per ODG guidelines, lumbar supports are not recommended for prevention but are "recommended as an option for compression fractures and specific treatment of spondylo-  
listhesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." The most recent progress note dated 05/07/2015 indicated that the injured worker needed to be referred to physiatry to address her back but there was no further discussion regarding any back complaints that may have been experienced. There was no evidence of compression fractures, spondyloslisthesis or instability. In addition, there were no objective examination findings of the low back documented. Although the physician noted that the injured worker would be receiving a back brace, there was no discussion as to the reason why the back brace was needed. Therefore, the request for authorization of lumbar back support is not medically necessary.

**Back support insert:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, lumbar and thoracic (acute and chronic).

**Decision rationale:** MTUS is silent regarding lumbar supports so alternative guidelines were referenced. As per ODG guidelines, lumbar supports are not recommended for prevention but are "recommended as an option for compression fractures and specific treatment of spondylo-  
listhesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." The most recent progress note dated 05/07/2015 indicated that the injured worker needed to be referred to physiatry to address her back but there was no further discussion regarding any back complaints that may have been experienced. There was no evidence of compression fractures, spondyloslisthesis or instability. In addition, there were no objective examination findings of the low back documented. Although the physician noted that the injured worker would be receiving a back brace, there was no discussion as to the reason why the back brace was needed. The request for authorization of back brace is not medically necessary. Therefore, the request for authorization of back support insert is not medically necessary.

**Norflex 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** As per CA MTUS guidelines, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). In most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Orphenadrine's mechanism of action is unclear and dosing is noted to be 100 mg twice a day. The documentation submitted indicates that the injured worker's main complaints were knee and low back pain. The most recent progress note did not document the severity or location of any pain that was experienced. In addition, guidelines do not recommend muscle relaxants as a first line option for treatment of low back pain and there is no evidence of a failure of first line therapeutic agents. Therefore, the request for authorization of Norflex 100 mg #60 is not medically necessary.

**Aciphex 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton-pump inhibitors.

**Decision rationale:** As per CA Medical Treatment Utilization Schedule (MTUS) guidelines, in patients who are taking non-steroidal anti-inflammatory drug (NSAID) medications, the risk of gastrointestinal risk factors should be determined. MTUS makes the following recommendations regarding increased gastrointestinal event risk: "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 & 956 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary." As per ODG guidelines, proton pump inhibitors are recommended for patients at risk for gastrointestinal events. There is no documentation that shows that the injured worker is currently taking multiple NSAID medications, the injured worker is not greater than 65 years of age and there is no documented history of gastrointestinal bleeding or peptic ulcers. There is also no documentation of any subjective gastrointestinal complaints or abnormal objective gastrointestinal examination findings. Therefore, the request for authorization of Aciphex 20 mg #30 is not medically necessary.

**Tramadol ER 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Opioids, criteria for use Page(s): 74-96.

**Decision rationale:** The medication requested for this patient is Ultram. According to the California MTUS, Tramadol is a synthetic opioid, which affects the central nervous system and is indicated for the treatment of moderate to severe pain. This medication is not recommended as a first-line oral analgesic. Before initiating opioid therapy there must be baseline pain and functional assessments using a validated instrument or numerical rating scale, a psychosocial assessment should be performed, there must be a failure of non-opioid analgesics and goals should be set. The documentation submitted did not indicate the severity of the injured worker's pain, nor was there any indication that the injured worker had failed treatment with other first line therapeutic agents. There was no description of goals or documentation of any psychosocial assessment. Therefore, the request for authorization of Tramadol ER 150 mg #30 is not medically necessary.

**Oxycodone 30mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone Page(s): 92.

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

**Decision rationale:** According to CA MTUS guidelines, Oxycodone (Oxycontin) is a long-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional improvement from previous usage, or response to ongoing opiate therapy. There is also no evidence of monitoring for potential misuse or dependence and no documentation of side effects. The injured worker's work status remained unchanged and there was no documentation of an improvement with performance of activities of daily living. Medical necessity of the requested item has not been established. Of note, discontinuation of an Oxycodone should include a taper, to avoid withdrawal symptoms. Therefore, the request for authorization of Oxycodone 30 mg #60 is not medically necessary.

**Soma #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** As per CA MTUS guidelines, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). In most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." The documentation shows that Soma had been prescribed to the injured worker since at least 02/11/2015. Guidelines do not recommend muscle relaxants for long-term relief of pain. There was also no discussion as to the effectiveness of the medication as there was no documentation of the severity of the injured worker's pain or documentation of significant pain relief with use of the medication. There was also no documentation of objective functional improvement as noted by the absence of a change in work status and no documented improvement with performance of activities of daily living or quality of life. In addition, there was no dosage specified in the medical documentation or the request. Therefore, the request for authorization of Soma #100 is not medically necessary.

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-78.

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

**Decision rationale:** According to the CA MTUS, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. The documentation shows that this medication had been prescribed to the injured worker since at least 02/11/2015 and there was no documentation of any significant functional improvement or pain reduction with the use of opioid medication. There was no documentation as to the intensity of pain after taking Norco or the duration of pain relief. There is also no evidence of monitoring for potential misuse or dependence and no documentation of side effects. The injured worker's work status remained unchanged and there was no documentation of an improvement with performance of activities of daily living. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. Therefore, the request for authorization of Norco 10/325 mg #180 is not medically necessary.

**Physical therapy x 12 for the right knee and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

**Decision rationale:** As per CA MTUS post-surgical guidelines for physical therapy (PT) for manipulation under anesthesia (MUA) the postsurgical treatment recommendation is for 20 visits over 4 months and the post-surgical PT treatment period is 6 months. MTUS further notes that if there is documented functional improvement with an initial course of post-surgical PT, a subsequent course of therapy can be prescribed. The documentation shows that the injured worker was status post two manipulations of the knee (one in 12/2014 and the other in 03/2015). 12 physical therapy visits were completed after the first MUA and 8 were completed after the second MUA. The injured worker's knee was noted to have 90 degrees of flexion during the most recent office visit, which was unimproved from immediately after the 2nd MUA. The physician noted that motion was lost again but that it was still in functional range. There was no documentation of significant functional improvement with the prior 20 physical therapy visits received. There was no change in knee flexion and no evidence to support a subsequent course of 12 additional therapy visits. Therefore, the PT services are not medically necessary.