Case Number:	CM15-0144983		
Date Assigned:	09/15/2015	Date of Injury:	05/24/2010
Decision Date:	10/15/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/27/2015

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: Preventive Medicine, Occupational 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 53 year old female, who sustained an industrial-work injury on 5-24-10. She reported initial complaints of bilateral knee pain. The injured worker was diagnosed as having bilateral knee osteoarthritis. Treatment to date has included medication, surgery (left total knee arthroplasty), and diagnostics. X-rays were reported to demonstrate no increase of osteoarthritis of the knees and tibia regions. Currently, the injured worker complains of bilateral knee pain with slight improvement of the right knee but remains with decreased range of motion. Per the primary physician's progress report (PR-2) on 6-25-15, exam is unchanged. There is mid joint line tenderness with a limping ambulation to the knees. The Request for Authorization date was 7-1-15 and requested service included IF (interferential) unit and supplies (x30-60 Rental & purchase), Roxicodone 15mg, and additional Physical therapy (x12). The Utilization Review on 7-7-15 denied the request for IF unit due to no indication of prior use of a transcutaneous electrical nerve stimulation (TENS) unit, pain ineffectively controlled by mediation due to side effects, unresponsive to conservative measures; request for Roxicodone was denied due to lack of objective functional benefit from use on a chronic basis or list of current meds; additional PT was denied due to prior approval of sessions on 6-4-15 without documentation of attendance or completion

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit and supplies (x30-60 Rental & purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I. There is some evidence for use with neuropathic pain, including diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating MS patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a one month trial period of the TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used as well as outcomes in terms of pain relief and function, and a treatment plan including specific short and long term goals of treatment. The injured worker does not meet the medical conditions that are listed by the MTUS Guidelines where a TENS unit may be beneficial. The criteria also include evidence that other appropriate pain modalities have been tried (including medication) and failed, of which this is not evident in the clinical documentation. These criteria also specify that there is to be a treatment plan including specific short and long term goals of treatment with the TENS unit. Additionally, there is no evidence of a previous trial with a TENS unit. The request for IF unit and supplies (x30-60 Rental & purchase) is determined to not be medically necessary.

Roxicodone 15mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the available documentation does not provide evidence of functional improvement or significant decreases in pain with the prior use of this medication. Additionally, the injured worker had multiple providers requesting multiple opioid medications. The request for Roxicodone has been denied on multiple occasions. It is not recommended to discontinue

opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Roxicodone 15mg #90 is determined to not be medically necessary.

Additional Physical therapy (x12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, there were 10 sessions of physical therapy approved for the injured worker on 06/04/15. There is no evidence that these sessions have been completed or even started. The request for additional physical therapy (x12) is determined to not be medically necessary.