

Case Number:	CM15-0168657		
Date Assigned:	09/14/2015	Date of Injury:	07/31/2012
Decision Date:	11/02/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	08/03/2015

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: Anesthesiology

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 female, who sustained an industrial injury on 7-31-2012. The injured worker was diagnosed as having chronic pain disorder, left knee pain, status post chronic open wound, gait derangement. The request for authorization is for: orthopaedic surgeon, Lyrica 50mg #60, Amitiza 24mcg #60 refills x3, and additional physical therapy. The UR dated 7-6-2015: certified Celebrex 100mg #30; modified certification of 6 sessions of physical therapy; and non-certified orthopaedic surgeon, Lyrica 50mg #60, and Amitiza 24mcg #60 refills x 3. On 10-14-2014, a request for authorization indicated a referral request to a specialist consult for "her rectal bleeding problem". On 5-7-2015, a request for authorization has a notation of her complaining of dizziness, blurred vision, and her reporting that a gastrointestinal specialist "told her that bleeding contradicts the use of Zorvolex and Lyrica, therefore Lyrica also discontinued". On 6-4-2015, she reported increased left knee pain. Her current medications are noted to be: Amlodipine besylate, aspirin, Lisinopril, loratadine, paroxetine HCL, gabapentin 300mg oral capsule (Neurontin) take one capsule 3 times daily. There is a notation of "Rx formulary override reason: drug has been unsuccessful in the past, 12 Nov 2013". She indicated the knee brace was not helping. The provider noted that she had been instructed to follow up with infectious disease specialist regarding a possible infection of the left knee; however she did not do so. Physical examination revealed quad atrophy, weakness, guarded range of motion of the knee, and a stable ligament exam. The provider wrote "I don't have a surgery that will make her knee better". Her work status is noted to be modified. On 6-18-2015, she reported that another physician informed her "that she needs more physical therapy and to have hemorrhoid surgery". She had continued knee pain. She indicated that Lyrica and Zorvolex help "mitigate" her chronic pain and she

requested a refill on Amitiza. She reported having numbness, stabbing and electric sensations in the left lower leg and that it bothers her during sleep. Physical findings revealed an antalgic gait, knee brace, cane for ambulation and inability to flex the left knee beyond 90 degrees. On 7-30-2015, her work status is reported as modified. She reported continued knee pain with numbness, stabbing and electric sensation in the left lower leg. Physical findings revealed an antalgic gait, knee brace, cane for ambulation and inability to flex the left knee beyond 90 degrees. The treatment and diagnostic testing to date has included: left knee brace, medications, home TENS unit, several sessions of completed physical therapy, pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Orthopedic Surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: According to the CA MTUS/ACOEM, a consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. ACOEM recommends that occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, there is no specific rationale identifying the medical necessity of the requested orthopedic surgical consultation for the knee. The patient has had multiple knee procedures and presently there is no defined surgical lesion. Medical necessity for the requested service is not established. The requested service is not medically necessary.

Lyrica 50mg#60: 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): Pregabalin (Lyrica).

Decision rationale: According to California MTUS Guidelines, anti-epilepsy medications are a first-line treatment for neuropathic pain. Lyrica is FDA approved for diabetic neuropathy and post-herpetic neuralgia and has been used effectively for the treatment of other neuropathic pain. A "good" response to therapy with this medication is described as a 50% reduction in complaints of neuropathic pain. In this case, there is no documentation of neuropathic pain. Lyrica has been used in the past, however, there is no documentation that guidelines have been met. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Amitiza 24mcg #60 Refill X3: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: Opioid-induced constipation is a common adverse effect of long-term opioid use, because of the binding of opioids to peripheral opioid receptors in the gastrointestinal tract, resulting in absorption of electrolytes and reduction in small intestine fluid. According to the ODG, if opioids are determined to be appropriate for the treatment of pain then prophylactic treatment of constipation should be initiated. According to the ODG, Amitiza is recommended for the treatment of constipation only if first-line treatments for opioid-induced constipation have failed. In this case, the patient is not maintained on any medications that cause constipation. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Additional Physical Therapy (unspecified amount and duration): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy.

Decision rationale: According to the California MTUS Treatment guidelines, physical therapy (PT) is indicated for the treatment of musculoskeletal pain. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Per ODG, patients should be formally assessed after a "6-visit trial" to see progress made by patient. When the duration and/or number of visits have exceeded the guidelines, exceptional factors should be documented. Additional treatment would be assessed based on functional improvement and appropriate goals for additional treatment. In this case, there is no documentation of the previous physical therapy sessions completed. In addition, there is no specified amount and duration of requested physical therapy sessions. Medical necessity for the additional PT visits has not been established. The requested services are not medically necessary.