

<b>Case Number:</b>	CM15-0172480		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	12/22/2010
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 55-year-old female who sustained an industrial injury on 12-22-2010. Records show that treatment to date has included Norco (in 2013), Vicodin, transdermal medications and Nortriptyline. According to a partially legible handwritten progress report dated 07-24-2015, the injured worker reported pulling and sharp pain in the right knee, right hip burning and lower back pain. She was unable to sleep due to pain. Objective findings included tenderness and spasms to the lumbar spine, difficulty standing from seated position, positive straight leg raise and decreased patella reflex on the right. Diagnoses included post op right knee, lumbar spine myofascitis with radiculitis and right hip bursitis. The provider noted that x-rays showed spondylosis and retrolisthesis of L3 only. The treatment plan included TENS unit supplies electrodes and batteries for 6 months, MRI of the lumbar spine, aquatic therapy for the lumbar spine right hip and right knee. The injured worker was permanent and stationary. An authorization request was submitted for review. The requested services included aqua therapy to the lumbar spine, right knee and right hip, Percocet 10-325 mg #60 one tab by mouth twice a day, TENS unit supplies for 6 months and pain management with named provider for the lumbar spine. Urine drug screens were not submitted for review. On 08-07-2015, Utilization Review modified the request for Percocet 10-325 mg #60, non-certified the request for aquatic therapy 2 times a week for 4 weeks for the lumbar spine, right knee and right hip and TENS unit supplies for 6 months and certified the request for pain management consult.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The claimant sustained a work injury in December 2010 and continues to be treated for low back and knee pain with a history of right knee arthroscopic surgery. Norco has been prescribed since at least March 2013 and was being continued as of 05/22/15. In June 2015 medications were continued. When seen on 07/24/15, she was having right knee pulling and sharp pain and right hip burning. She was having extreme low back pain and was unable to sleep. Physical examination findings included lumbar paravertebral muscle spasm and tenderness and she had difficulty transitioning positions. Right straight leg raising was positive. Feet reflex a decreased right knee. Recommendations included aquatic therapy and a six month supply of TENS electrodes and batteries were requested. Percocet was prescribed with no refills. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. Percocet (oxycodone/acetaminophen) is a short acting combination opioid medication often used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having severe pain and Norco, which had been prescribed on a long-term basis, was no longer effective. There were no identified issues of abuse or addiction and the total MED prescribed was less than 120 mg per day consistent with guideline recommendations. No refills were given. Prescribing was medically necessary.

**Aquatic therapy 2 times a week for 4 weeks for the lumbar spine, right knee and right hip:**  
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) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

**Decision rationale:** The claimant sustained a work injury in December 2010 and continues to be treated for low back and knee pain with a history of right knee arthroscopic surgery. Norco has been prescribed since at least March 2013 and was being continued as of 05/22/15. In June 2015 medications were continued. When seen on 07/24/15, she was having right knee pulling, sharp pain, and right hip burning. She was having extreme low back pain and was unable to sleep.

Physical examination findings included lumbar paravertebral muscle spasm and tenderness and she had difficulty transitioning positions. Right straight leg raising was positive. Feet reflex a decreased right knee. Recommendations included aquatic therapy and a six month supply of TENS electrodes and batteries were requested. Percocet was prescribed with no refills. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant was having difficulty weight bearing and has a history of right knee surgery. A trial of pool therapy would likely be appropriate. However, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. If there were benefit, transition to an independent pool program would be expected and would not be expected to require the number of requested treatments. The request is not medically necessary.

**TENS unit supplies for 6 months: 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 claimant sustained a work injury in December 2010 and continues to be treated for low back and knee pain with a history of right knee arthroscopic surgery. Norco has been prescribed since at least March 2013 and was being continued as of 05/22/15. In June 2015 medications were continued. When seen on 07/24/15, she was having right knee pulling, sharp pain, and right hip burning. She was having extreme low back pain and was unable to sleep. Physical examination findings included lumbar paravertebral muscle spasm and tenderness and she had difficulty transitioning positions. Right straight leg raising was positive. Feet reflex a decreased right knee. Recommendations included aquatic therapy and a six month supply of TENS electrodes and batteries were requested. Percocet was prescribed with no refills. TENS is used for the treatment of chronic pain. TENS is thought to disrupt the pain cycle by delivering a different, non-painful sensation to the skin around the pain site. It is a noninvasive, cost effective, self-directed modality. In terms of the pads, there are many factors that can influence how long they last such as how often and for how long they are used. Cleaning after use and allowing 24 hours for drying is recommended with rotation of two sets of electrodes. Properly cared for, these electrodes should last from 1-3 months at a minimum. In this case, the claimant already uses TENS and the fact the pads need to be replaced is consistent with its continued use and efficacy. However, the quantity being requested is not specified and the request cannot be accepted as being medically necessary for this reason.