

Case Number:	CM15-0175147		
Date Assigned:	09/16/2015	Date of Injury:	01/14/2015
Decision Date:	11/24/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/04/2015

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, 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 51 year old male, who sustained an industrial injury on 1-14-15. He reported bilateral lower extremity pain. The injured worker was diagnosed as having bilateral lower extremity crush injury, bilateral knee contusions, right knee effusion, chondromalacia patella of the right knee, displaced fracture of the left shaft of the distal tibia, four compartment syndrome of bilateral lower extremities, left fibular head fracture, status post fasciotomies of all 4 compartments bilaterally, and status post intermedullary nail placement in the left tibia fracture. Treatment to date has included bilateral lower extremity surgeries, 9 physical therapy sessions, use of a knee brace, use of a wheelchair, and medication. On 6-4-15, pain was rated as 7 of 10 and on 7-9-15 pain was rated as 6 of 10. Physical examination findings on 7-9-15 included pain to palpation of the bilateral knees and left ankle. Right knee flexion was measured at 90 degrees and left knee flexion was measured at 95 degrees. The injured worker had been taking Gabapentin since at least May 2015 and Tylenol #3 since at least July 2015. Currently, the injured worker complains of low back pain, bilateral leg pain with numbness and tingling, and bilateral knee pain. On 7-22-15 the treating physician requested authorization for aqua therapy x24 sessions, physical therapy x24 sessions, Gabapentin 300mg #90, and Tylenol #3 30-300mg #60. On 8-5-15, the requests were modified or non-certified. Regarding aqua therapy, the utilization review (UR) physician modified the request to a quantity of 3. Regarding physical therapy, the UR physician noted "a modified certification was provided for aqua therapy, this land based physical therapy treatment is not necessary for this patient given his clinical presentation." Regarding Gabapentin, the UR physician noted "given the lack of at least a

moderate response with the use of Gabapentin to dated, continued use is not indicated." Regarding Tylenol #3, the UR physician noted there was no "evidence of significant quantifiable functional improvement." The UR physician modified the request to certify a quantity of 45 for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 24 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic): Physical Medicine.

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) Knee & Leg Chapter, Aquatic Therapy.

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, it is clear the patient has had an extensive and complex injury. Additionally, therapy in a decreased weight-bearing environment seems like a reasonable treatment option for this patient. Unfortunately, guidelines do not support 24 visits of therapy to be authorized at once. Instead, guidelines recommend beginning with a brief course of therapy and then, if there is documentation of objective functional improvement and ongoing objective treatment goals, additional therapy may be considered. Unfortunately, there is no provision to modify the current request to allow for a trial of aquatic therapy. As such, the currently requested aquatic therapy is not medically necessary.

Physical therapy 24 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic): Physical Medicine Guidelines.

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) Knee & Leg Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy.

ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions. Additionally, it is unclear why the patient would require therapy in both a reduced weight bearing environment and a normal weight bearing environment concurrently. It is acknowledged, that the patient has extensive and complex injuries and likely requires extensive physical therapy. Unfortunately, guidelines do not support 24 visits of therapy to be authorized at once. Instead, guidelines recommend beginning with a brief course of therapy and then, if there is documentation of objective functional improvement and ongoing objective treatment goals, additional therapy may be considered. Unfortunately, there is no provision to modify the current request. As such, the currently requested additional physical therapy is not medically necessary.

Gabapentin 300mg #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): Antiepilepsy drugs (AEDs).

Decision rationale: Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. Anti-epileptic drugs should not be abruptly discontinued but unfortunately there is no provision to modify the current request. As such, the currently requested gabapentin (Neurontin) is not medically necessary.

Tylenol #3 30-300mg #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): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs.

nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Tylenol #3, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Tylenol #3 is not medically necessary.