

Case Number:	CM15-0177356		
Date Assigned:	09/18/2015	Date of Injury:	12/05/2012
Decision Date:	12/01/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/09/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67 year old female who sustained an industrial injury on 12-05-12. A review of the medical records indicates the injured worker is undergoing treatment for degenerative joint disease right knee and status post right total knee replacement. Medical records (06-02-15 through 08-11-15) reveal the injured worker reports her right knee pain has decreased from 6/10 to 3/10. The pain reportedly worsens by prolonged walking and standing and is relieved by ice, massage, and medications. The physical exam (06-02-15 through 08-11-15) reveals the range of motion of the right knee has increased from 105 to 110 degrees with minimal knee effusion present on 08-11-15. Treatment has included a right total knee replacement (04-10-15), 20 physical therapy sessions, and medications. The original utilization review (08-20-15) non certified the request for Tramadol 50 mg #30, Celebrex 200 mg #30, Voltaren gel, and 8 additional sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #30: 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, criteria for use, Opioids for chronic pain.

Decision rationale: The California MTUS guidelines allows for the use of opioid medication, such as Tramadol, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. Within the submitted records, the 4 A's for ongoing use of opiates was not met. There was no mention of how Tramadol affected pain using validated pain measures, and no mention of enhanced ADL ability. There is no mention of pain contract on file. The request is not medically necessary.

Celebrex 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: As per MTUS Chronic Pain Guidelines, NSAIDs are useful for osteoarthritis related pain. Due to side effects, and risks of adverse reactions, MTUS recommends as low a dose as possible for as short a course as possible. There are no extenuating circumstances within the submitted records to justify ongoing use of NSAIDs in this injured worker. Furthermore, there is no mention of failure to topical Ice, or Tylenol. NSAIDs can slow wound healing, or cause healing complications and should not be used long-term without extenuating circumstances. As such, this request is not medically necessary.

Voltaren gel: 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): Topical Analgesics.

Decision rationale: Voltaren is a topical NSAID. California MTUS states that topical NSAIDs are indicated for, "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." The submitted records mentioned Voltaren to be applied over hypertrophic keloid scar causing pain. The injured worker has had a total knee replacement for severe symptomatic arthritis. As Voltaren is not recommended for treatment of superficial conditions such as scars causing pain, guidelines are not met and as such, this request is not medically necessary.

Physical therapy 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: According to the California Postsurgical Guidelines, status post Total Knee Arthroplasty (TKA), guidelines recommend up to 24 visits over 10 weeks. Within the records submitted, the injured worker has completed more than 24 visits of therapy, including outpatient and home health therapy with no clear reason or rationale as to why ongoing skilled PT is required over a self-directed independent home exercise program. The injured worker is making excellent gains and should be well versed in a home program. The request is not medically necessary.