

Case Number:	CM15-0065581		
Date Assigned:	04/13/2015	Date of Injury:	10/12/2011
Decision Date:	05/14/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/07/2015

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: Florida, New York, Pennsylvania
 Certification(s)/Specialty: Family Practice

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 57-year-old male, with a reported date of injury of 10/22/2011. The diagnoses include right knee medial meniscus tear and right knee adhesive capsulitis. Treatments to date have included physical therapy, Norco, Voltaren gel, and right knee surgery. The progress report was not dated and was handwritten. The reported indicates that the injured worker was status post a right knee arthroscopy with closed manipulation. He had difficulty with flexion and extension, and complained of soreness. The objective findings include no swelling. The treating physician requested physical therapy, Voltaren gel, and Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2-3 Times A Week for 6 Weeks (12 Sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2
 Page(s): 98, 99.

Decision rationale: The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. However, the benefit of PT quickly decreases over time. Therefore, allowances should be made and plans for fading of treatment frequency anticipated. With flares of pain a brief reintroduction to facilitate refreshing the individuals memory for technique and restarting home exercise routines can be supported, but not a wholesale return to a full course of PT which in this case did not include the expectation of fading (tapering) of frequency. This patient completed a full course of post-op PT after the Nov 2104 surgical intervention and was not reported to have experienced an exacerbation. The UR decision is supported, this is not medically necessary.

Voltaren Gel 1 Percent #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 111, 112.

Decision rationale: The efficacy in clinical trials for the use of topical NSAID's has been inconsistent and most studies are small and of short duration. They have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. They are indicated for use in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment but recommended for short-term use (4-12 weeks). Voltaren & #130; Gel 1% (diclofenac) is FDA approved for relief of osteoarthritis pain in joints that lend themselves to topical treatment as above. Therefore, while approved by the FDA for use in osteoarthritis/tendinitis it is not recommended for long-term use and cannot be supported in this case. UR decision is supported, this is not medically necessary.

Hydrocodone 5/325 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81, 95.

Decision rationale: A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. A meta-analysis found that opioids were more effective than placebo for reducing pain intensity but the benefit for physical function was small and was considered questionable for clinical relevance. Opioids can be recommended on a trial basis for short-term use after there has been evidence of failure of first-line medication options such as

acetaminophen or NSAIDs when there is evidence of moderate to severe pain. If chronic use is entertained then before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities. Continuation of the use of opioids would be best assessed on the basis of a return to work with evidence for improved functioning and reduced pain. The primary risk with continued use is that 36 to 56% of users have a lifetime risk for substance use disorders. Additionally there is the risk of diversion, tolerance and hyperalgesia resulting in gradual increases in medication dosing and evidence for decreasing benefits. The member appears to have been safely maintained on bid dosing of Norco but does not show evidence of failure of first-line medications, established goals for safe use, improved functionality or a return to work. Therefore, the UR is supported and this is not medically necessary.