

<b>Case Number:</b>	CM13-0037176		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	09/17/2012
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 46-year-old male who reported an injury on 09/17/2012. The patient is currently diagnosed with lumbar spine musculoligamentous sprain and strain, left sacroiliac joint sprain, status post contusion of the right knee with sprain, patellofemoral arthralgia, and status post contusion of the right ribs 7 to 10. The patient was recently seen by [REDACTED] on 09/30/2013. The physical examination revealed tenderness to palpation over the periscapular musculature, subacromial region and acromioclavicular joint, positive impingement test and cross-arm test, diminished range of motion, and crepitus upon ranging. Treatment recommendations included continuation of home exercise program and TENS unit, continuation of current medications, and a request for a subacromial injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One right knee support brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a brace can be used for patellar instability, ACL tear, or MCL instability, although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. As per the clinical note dated 07/02/2013 by [REDACTED], the patient's physical examination only revealed tenderness to palpation with positive grind testing and McMurray's testing. There was no evidence of significant instability. There is also no evidence of this patient's active participation in a rehabilitation program. The medical necessity for the requested service has not been established. As such, the request is non-certified.

**Norco 10/325mg #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): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report right shoulder pain and lower back pain with difficulty sleeping. There is no documentation of a significant change in the patient's physical examination that would indicate functional improvement. Therefore, the ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.

**Robaxin750 #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as a non-sedating second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report persistent pain. There is no documentation of palpable muscle spasm or muscle tension upon physical examination. As Guidelines do not recommend chronic use of this medication, the

current request cannot be determined as medically appropriate. Therefore, the request is non-certified.