

<b>Case Number:</b>	CM13-0044908		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/11/2008
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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, and is licensed to practice in California. 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 56-year-old female who reported an injury on 08/11/2008. The patient is diagnosed with left ankle internal derangement, chronic sprain, diabetes, hypertension, right ankle sprain, and left knee strain. The patient was seen by [REDACTED] on 08/08/2013. The patient complained of left knee and ankle pain. Physical examination revealed mild swelling in the left ankle with limited range of motion, a small mass at the right Achilles tendon, and tenderness to palpation at the MCL of the left knee. Treatment recommendations included a left knee brace and continuation of current medications including omeprazole, orphenadrine ER, CytoFlex, Norco, Medrox ointment, ketoprofen, and Percocet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Knee brace.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a brace can be used for patellar instability, ACL tear, and or MCL instability although its benefits may be more emotional than medical. A brace is necessary only if the patient is going to be stressing the knee under load. In all cases, braces need to be properly fitted and combined with a rehabilitation program. As per the documentation submitted, the patient's physical examination on the requesting date of 10/08/2013 only revealed MCL tenderness to palpation. There was no documentation of instability or a significant musculoskeletal deficit. The medical necessity for the requested durable medical equipment has not been established. Therefore, the request is non-certified.

**Orphenadrine ER 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65.

**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 non-sedating, second-line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. As per the documentation submitted, there is no evidence of muscle tension, spasticity, or palpable muscle spasm on physical examination. As guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

**Cidaflex #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

**Decision rationale:** California MTUS Guidelines state glucosamine and chondroitin sulfate is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. As per the documentation submitted, the patient does not maintain a diagnosis of osteoarthritis. The medical necessity for the requested medication has not been established. As such, the request is non-certified.

**Medrox ointment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, there is no evidence of neuropathic pain upon physical examination. There is also no documentation of a failure to respond to first-line oral medication prior to the initiation of a topical analgesic. Based on the clinical information received and California MTUS Guidelines, the request is non-certified.