

<b>Case Number:</b>	CM14-0014254		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	01/22/2007
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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 57-year-old female who has submitted a claim for Bilateral Knee Sprain/Strain/Patellofemoral Arthralgia and Moderate to Severe Tricompartamental Osteoarthritis Primarily in the Medial and Patellofemoral Compartments per X-rays associated with an industrial injury date of January 22, 2007. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of constant severe bilateral knee pain associated with difficulty walking, ascending/descending stairs with buckling/giving way of both knees. She also complained of numbness and tingling to both thumbs, index, and middle fingers. She also reported constipation, blood in the stool, and acid reflux. On physical examination, there was tenderness over the bilateral peripatellar region, medial and lateral joint lines, and distal quadriceps tendon. Patellofemoral crepitus was present. McMurray's elicited pain bilaterally. Patellofemoral grind test was positive bilaterally. Bilateral knee range of motion was limited. Treatment to date has included aqua therapy, home exercise program, bilateral shoulder arthroscopic rotator cuff repair, and medications including Fexmid 7.5 mg (since at least July 1, 2013). Utilization review from January 29, 2014 denied the request for 1 surgical consultation because there were no current surgical indications as the exam findings have remained unchanged for the past 6 months; 1 prescription of Fexmid 7.5 mg #60 because the patient was being prescribed this medication since at least March 2013 and exam findings did not reveal presence of muscle spasm; and 1 complete blood count and metabolic panel because the patient was not on high-dose medications and there were no symptoms indicative of a need to perform laboratory evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SURGICAL CONSULTATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127, 156.

**Decision rationale:** According to pages 127 and 156 of the ACOEM Guidelines referenced by California MTUS, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, the request for surgical consultation was made regarding bilateral total knee replacement as the patient failed conservative treatment and there were findings of severe osteoarthritis of both knees on x-rays. However, the medical records showed that his primary treating physician is an orthopedic surgeon. There was no clear rationale provided as to why the patient needed to be referred to another surgeon for bilateral total knee replacement when his primary treating physician is already an orthopedic surgeon, whose line of expertise should include performance of total knee arthroplasty and management of knee osteoarthritis. Therefore, the request for surgical consultation is not medically necessary.

**FEXMID 7.5MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Fexamid).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** According to pages 41-42 of the California MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, a skeletal muscle relaxant, is recommended as an option using a short course of therapy. The effect is greatest in the first 4 days of treatment and the treatment should be brief. In this case, the patient was being prescribed Fexmid since at least July 2013 (12 months to date), which is beyond the recommended duration of use. Furthermore, there was no documentation of continued functional gains. A clear rationale regarding continued use of a muscle relaxant was not provided. Therefore, the request for Fexmid 7.5MG #60 is not medically necessary.

**Complete Blood Count And Metabolic Panel:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive Metabolic Panel, MedlinePlus, [www.nlm.nih.gov](http://www.nlm.nih.gov).

**Decision rationale:** The California MTUS does not specifically address comprehensive metabolic panels. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, MedlinePlus, a web site of the National Institutes of Health produced by the National Library of Medicine, was used instead. According to MedlinePlus, a comprehensive metabolic panel is a group of blood tests. They provide an overall picture of the body's chemical balance and metabolism. This test is performed to determine how the kidneys and liver are working and it will provide information regarding blood sugar, cholesterol, calcium, protein, and electrolyte levels. In this case, the request for complete blood count and complete metabolic panel was made because the patient reported constant right flank pain with blood in the stool and in order to check for liver and kidney function. In addition, a primary treating physician's supplemental medical legal report dated March 10, 2014 stated that a complete blood count and metabolic panel was requested to evaluate if the patient's medications were being utilized properly and due to long-term use of Fexmid. A clear rationale regarding the indication for the request was provided. Therefore, the request for complete blood count and metabolic panel is medically necessary.