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| Case Number: | CM14-0115759 | | |
| Date Assigned: | 08/04/2014 | Date of Injury: | 01/22/2010 |
| Decision Date: | 09/10/2014 | UR Denial Date: | 06/26/2014 |
| Priority: | Standard | Application Received: | 07/23/2014 |

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 Internal 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:

Patient sustained an occupational injury on 1/22/2010, due to a contusion injury of his right knee. The patient struck a pallet with his knee while moving a barbecue set at work. Progress note 4/25/14 described right knee pain, pain in the left middle toe, and top of the left foot. The patient described left foot swelling, with numbness at times. Pain level with pain medications was 5/10 and without was 9/10. Blood pressure was 220/130. Diagnosis was right internal derangement, status post total knee replacement 2013, right knee pain, chronic pain, insomnia. No comprehensive physical examination was documented for the lower extremities. It was documented that the patient's blood pressure was elevated for some time, and he was instructed to monitor his blood pressure. Blood pressure was rechecked and reduced from 220/130 to 200/110. The patient was instructed to utilize medication as prescribed, and that he may need to go to ER for evaluation. He was referred to an internal medicine physician. The patient was referred to [REDACTED] for total knee replacement consults. Gabadone and Trepadone were refilled, and Norco and Clonidine were to be continued. Medication refills were documented for authorization 4/3/14 requested urine drug screen, Gabadone, Trepadone Clonidine, and Norco. Diagnosis was right knee internal derangement, status post total knee replacement, right knee pain, chronic pain, insomnia. Progress note 4/3/14 documented right knee pain. Symptoms are noted to be about the same. Urine drug screen was positive for Cotinine and Nicotine on 3/20/14. It was noted that the patient's blood pressure was highly elevated at 200/120. The patient was referred to his primary care physician, and was placed on Gabadone for insomnia, Trepadone for joint pain, Norco for pain, and Clonidine for peripheral nerve pain. Primary treating physician's progress report dated June 19, 2014 documented subjective complaints. The patient states that he is having worsening problems with his right knee. The patient reports that he has been having issues with his right knee buckling. He has suffered some recent falls. Specifically, the patient

states that less than a week ago, he was getting out of his truck, his right knee buckled. He fell beside the truck, striking his left hip on the cement. The patient states that he had difficulties standing and walking. The patient states that he believes that he may have fractured a small bone in his left foot. Since that time, the patient has been unable to walk without an exaggerated limp or use of a cane. The patient's pain score is 9/10 right now and since last visit patients pain score has averaged 7/10. Without pain medications patients pain score is 10/10 and with pain medications patients' pain score is 7/10. Blood pressure was 218/108 with pulse 80. Urine drug screen results as of May 29, 2014 were positive for morphine, hydromorphone, cotinine, hydrocodone, and nicotine. Physical examination was documented. The patient has multiple abrasions and bruising diffusely around the left hip, lateral upper thigh and buttock area which was noted. The patient had severe point tenderness over the left femoral bursa and also over the left pelvis in general. Patient continues to have problems with his right knee and is status post total knee replacement in 2013. The patient has instability in the right knee and is falling. The patient needs a left hip MRI urgently due to the fact that he may have suffered a significant injury. The patient's physical examination is positive for a possible fracture in the hip area and even some degree of dislocation. Due to the patient's discomfort, it was difficult without putting the patient in severe pain to do much manipulation over the left hip joint. In addition, the patient's right knee still needs to be evaluated for possible revision of his total right knee. Treatment plan included urine drug screen, left hip MRI as soon as possible due to recent fall a few days ago, request for the patient to see an orthopedist for possible right total knee replacement revision surgery. Request for authorization dated 06-19-2014 included Norco 10/325 mg every 6 hours as needed pain and Clonidine 0.1 mg twice a day. Utilization review decision date was 06/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 88-89) addresses long-term use of opioids and strategy for maintenance. Do not attempt to lower the dose if it is working. Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Progress report dated June 19, 2014 documented significant left hip and right knee conditions. MRI of the left hip was ordered. Patient was referred to an orthopedic surgeon to evaluate the patient for revision of his total right knee replacement. Urine drug screen performed 05-29-2014 was appropriate. Medical records support the maintenance of the Norco prescription. Therefore, the request for Norco 10/325 MG, #120 is Medically Necessary.

Clonidine 0.1 mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome, Medications Page(s): 37.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Catapres (Clonidine) Page(s): 30, 38, 41.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines discusses Clonidine for pain management. FDA guidelines state that Clonidine is indicated in the treatment of hypertension. FDA guidelines warn of excessive rise in blood pressure following discontinuation of Clonidine therapy. Progress report dated June 19, 2014 documented hypertension with a blood pressure 218/108. Progress note 04-25-2014 documented hypertension with a blood pressure 220/130. The patient has been prescribed Clonidine. The patient has hypertension. Clonidine is indicated for hypertension. Discontinuation of Clonidine may result in a rise in blood pressure. Therefore, Clonidine is medically necessary. Therefore, the request for Clonidine 0.1 mg, #60 is Medically Necessary.