

<b>Case Number:</b>	CM14-0156355		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	05/07/1999
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 injured worker is a 61 year-old male who sustained injuries on May 7, 1999. The injured worker was seen by the treating physician on June 17, 2013 for orthopedic surgical evaluation of his right knee, left knee, lumbar spine, lower extremities, hands and wrists, left shoulder and cervical spine. On examination, the injured worker had persistent moderate right antalgic gait. A lumbar spine examination showed limited range of motion with moderate pain elicited at the base of the spine with extremes of motion, reduced motor strength of the right tibialis anterior and right extensor hallucis longus, diminished sensation along the dorsal right foot, and reduced reflexes of the knees and ankles. Tenderness was present over the sciatic notch and sacroiliac joints and mild spasm was noted over the lumbar paraspinal musculature. Examination of his knees demonstrated moderate medial joint line tenderness, mild lateral joint line tenderness, mild effusion, and limited range of motion on the right side. On the left side, range of motion was also limited and mild medial joint line tenderness was noted. Patellar compression was positive with clicking. Examination of the wrists demonstrated positive Tinel's sign, Phalen's test, and carpal compression test. Mild atrophy of the thenar eminences of the hands was also present. Examination of the shoulders revealed restricted ranges of motion, bilaterally, positive impingement sign on the left side and mild tenderness over the left anterolateral shoulder. According to the treating provider, the injured worker's left knee had reached maximum medical improvement. The injured worker presented to another treating physician on July 12, 2013 with complaint of persistent right knee pain with intensity of 8/10 resulting to his inactivity and subsequently weight gain. On examination, some limited flexion, mediolateral laxity, and slight to moderate effusion were noted. The injured worker was also seen by a third treating physician on July 26, 2013 with complaint of continued pain with weight bearing. Non-steroidal anti-inflammatory drugs (NSAIDs) had failed and he required high narcotic pain regimen which was

still inadequately treating his pain. On examination, he had antalgic gait and ambulated with a cane. Examination of the right knee demonstrated moderate effusion, diffused joint line tenderness exacerbated by joint line palpation and compressive maneuvers. In his follow-up visit on August 12, 2013, he expressed great frustration and depression due to his disability. He additionally complained of severe right shoulder pain. On examination, he had antalgic gait, ambulated with a cane and wheelchair for walking more than one block. Examination of findings of the right knee was essentially unchanged. Right shoulder examination showed limited range of motion, some diffused tenderness, and positive crepitus. He returned to the first treating physician on August 30, 2013 with worsening pain in his right knee. On examination, range of motion was still limited but swelling was down. He followed-up on November 8, 2013 due to narcotic withdrawal. He takes Norco four times daily. On examination, he still had antalgic gait and ambulated with a cane. Right knee examination revealed moderate effusion, diffused mild pain, and decreased motor strength. A urine drug test done on November 17, 2013 showed expected results of positive Hydrocodone and Hydromorphone, which was consistent with medications prescribed. The injured worker was seen on December 4, 2013 and reported that his medications allowed him to perform his activities of daily living. He rated his pain as 7/10 which decreases with medication. His medication included OxyContin, Oxycodone, Norco and Butrans patch. On examination, he was in moderate distress, he had severe antalgic gait and used a cane for assistance. He had swollen right knee with applied bandage. Electromyography (EMG)/nerve conduction velocity (NCV) studies done on December 17, 2013 revealed electrodiagnostic evidence of severe right median mononeuropathy with acute denervation and axonal loss as well as electrodiagnostic evidence of moderate left median mononeuropathy at the wrist with axonal loss. The injured worker returned on January 3, 2014 with pain level of 5-6/10. His medications include Butrans patch 10 mcg per week and Norco four times a day. On examination, he was in mild distress with slowed antalgic gait and ambulated with a cane. Swelling of the right knee was noted. Tinel's and Phalen's were positive. Diminished sensation of the hands was also noted. The injured worker underwent right total knee arthroplasty revision on January 27, 2014. An X-ray exam of the right knee revealed postoperative changes status post right knee arthroplasty without radiographic evidence of hardware failure.

The injured worker was reevaluated on February 25, 2014 with pain level of 6/10 in his knee. On examination, he was in moderate distress and was in wheelchair. He had vertical incision in his right knee that was healing well with dry dressing over it. He returned on March 25, 2014 and reported pain level of 7/10 that was greater than usual. He reported that he misplaced his Norco and had been taking Oxycodone twice a day. He also noted continued benefit from Mentherm lotion and Medrox patches. There was no change in his objective findings. On April 7, 2014, the injured worker rated his pain at 5-7/10 and reported 60 to 70 percent pain relief with medications which allowed him to complete his activities of daily living, increased walking and do chores. On examination, he was in no apparent distress, was using wheelchair, and had full strength in his lower extremities except for the right tibialis anterior and right toe dorsiflexion. The injured worker returned on May 6, 2014 and rated his pain at 5/10 level with numbness and tingling along his left hand as well as weakness in his right hand causing him to drop things. On examination, cervical spine range of motion was restricted with positive tenderness over the paraspinal musculature. Decreased strength was also noted with right hip flexion, knee extension, ankle dorsiflexion, plantar flexion, and toe flexion. Subsequent visit on June 2, 2014 showed better right knee with pain level of 4/10; however his arm pain and numbness was getting worse. He reported that without his medications, his pain level was 8-9/10 but with medications, his

symptoms were decreased by at least 50 percent without any side effects. On examination, he was in mild distress and walked with mildly antalgic gait using a cane. Upper extremities had diminished sensation along the right thumb and index finger. Tinel's signs was positive over the right carpal tunnel and Phalen's test was positive, bilaterally. Lower extremities showed decreased motor strength in the right ankle with dorsiflexion and plantar flexion. He was reexamined on July 1, 2014 and noted same relief with medication use allowing him to continue with his activities of daily living and enabling him to participate in physical therapy. He was also starting to walk for longer periods of time for about 10 to 15 minutes a day. There was no change in his objective findings. Urine drug test showed positive Buprenorphine and opiate. He returned on July 29, 2014 and noted that medications continued to reduce his pain with pain level of 4/10 in his back, 3/10 in his arms and hands, and 5/10 in his right knee. On examination, motor strength was diminished with right tibialis anterior and right toe flexor.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**1 year gym membership:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Gym membership Official Disability Guidelines (ODG) Knee, Gym membership

**Decision rationale:** There was no indication that advanced specialized equipment is needed and that individual self-directed home exercise program is not effective to necessitate health club membership. According to the Official Disability Guidelines (ODG), gym membership is not recommended unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Therefore the requested 1 year gym membership is not medically necessary.

**Butrans patch 10mcg #4:** Overturned

**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 Pain Interventions and Treatments; Guidelines Pain Outcomes and Endpoint Page(s): 11;08.

**Decision rationale:** Since the injured worker has been utilizing Butrans patch, he has had at least 50 percent improvement in the intensity of his pain from 7-9/10 to 3-6/10 level; as a result, he was able to function more as evidenced by his increased tolerance to activities of daily living and participation in physical therapy, as well as improved ability to walk for longer periods of time for about 10 to 15 minutes a day. Moreover, urine drug test done on July 1, 2014 demonstrated consistency with medication prescription. The California Medical Treatment Utilization Schedule (MTUS) states that when prescribing controlled substances for pain, satisfactory

response to treatment may be indicated by the decreased pain, increased level of function, or improved quality of life and that the duration of the medication treatment depends on progress toward treatment objectives, efficacy, and side-effects. Therefore the requested Butrans patch 10 mcg #4 is medically necessary.

**Norco 10/325 mg #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

**Decision rationale:** The injured worker has chronic pain due to multiple injuries he sustained and opioid therapy has effectively reduced the severity of his symptoms from 7-9/10 to 3-6/10 level resulting to his increased functionality as evidenced by increased tolerance to activities of daily living and participation in physical therapy, as well as improved ability to walk for longer periods of time for about 10 to 15 minutes a day. Moreover, continued opioid treatment did not cause any adverse events or aberrant behavior to compel its discontinuation; this is corroborated by the urine drug test done on July 1, 2014 which revealed consistency with medication prescription. The California Medical Treatment Utilization Schedule (MTUS) specifies that four domains have been proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or nonadherent drug-related behaviors. Therefore the requested Norco 10/325 mg #120 is medically necessary.

**Semi electric ultralite bed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Mattress Selection

**Decision rationale:** The injured worker has no presenting skin condition to require specialized support surface bed and the subjective preference of bedding is not supported by the guidelines. The Official Disability Guidelines (ODG) notes that mattress selection, to use firmness as sole criteria is not recommended. The request is not medically necessary.



