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| <b>Case Number:</b>   | CM14-0170256 |                              |            |
| <b>Date Assigned:</b> | 10/20/2014   | <b>Date of Injury:</b>       | 09/05/1990 |
| <b>Decision Date:</b> | 11/20/2014   | <b>UR Denial Date:</b>       | 10/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/15/2014 |

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant is a 62 year-old male with a history of a work injury occurring on 09/05/91 when, while loading boxes he slipped and fell on his left knee. In 1992 he underwent arthroscopic surgery and in 1996 a left total knee replacement with revision arthroplasty in October 2007. An x-ray in October 2013 showed expected postoperative findings. He was seen on 09/10/14. He was having left lateral knee pain with popping and difficulty flexing the knee. He had a walking tolerance of 20 minutes and reported feeling his knee would lock and give out if ambulating longer. He was having difficulty negotiating stairs and was using an assistive device. Physical examination findings were limited to left knee pain. There was an extension contracture with quadriceps atrophy. Norco 10/325 mg #90, duloxetine 15 mg #90, and Lyrica 75 mg #60, were prescribed. Authorization for referral to a joint specialist and for subsequent physical therapy was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints (2) Opioids, criteria for use (3) Opioids, dosing Page(s): 8, 76.

**Decision rationale:** The claimant is more than 20 years status post work-related injury and continues to be treated for right knee pain. Treatments have included a left total knee replacement with revision arthroplasty in October 2007. When seen by the requesting provider, he was having knee pain with popping and difficulty flexing the knee with a walking tolerance of 20 minutes and reported feeling his knee would lock and give out when ambulating. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case, the claimant is expected to have somewhat predictable activity related breakthrough pain (i.e. incident pain) when standing and walking as well as baseline pain consistent with his history of injury and surgery. Norco (hydrocodone / acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. His total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

**Meloxicam 15mg, #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

**Decision rationale:** The claimant is more than 20 years status post work-related injury and continues to be treated for right knee pain. Treatments have included a left total knee replacement with revision arthroplasty in October 2007. When seen by the requesting provider, he was having knee pain with popping and difficulty flexing the knee with a walking tolerance of 20 minutes and reported feeling his knee would lock and give out when ambulating. Physical examination findings included an extension contracture with quadriceps atrophy. Oral NSAIDs (nonsteroidal anti inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. In this case, the claimant does not have identified risk factors for a GI event. He is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. In this scenario, guidelines recommend a nonselective non-steroidal anti-inflammatory medication.

**Unknown physical therapy after meeting with Joint specialist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is not specified and whether physical therapy would be recommended would be dependent on the consultant's recommendations. Therefore, as it was requested, the physical therapy is not medically necessary.

**1 Follow-up visit in 4 weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Knee & Leg (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter 7: Independent Medical Examinations and Consultations, page127

**Decision rationale:** Guidelines recommend consideration of a consultation if clarification of the situation is necessary as in this case. Therefore the requested follow-up visit after completion of the orthopedic consultation is medically necessary.