

Case Number:	CM14-0170785		
Date Assigned:	10/23/2014	Date of Injury:	09/13/2012
Decision Date:	11/21/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	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 & Rehabilitation, has a subspecialty in Interventional Spine 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 60-year-old male with an injury date of 09/13/12. Based on the 09/30/14 progress report provided by [REDACTED] D., the patient complains of left knee pain rated 3-8/10. Physical examination to the left knee revealed swelling, and tenderness to palpation at medial and lateral joints, and hamstring. Positive McMurray's, Drawer's, Lachman, and Varus-valgus show mild instability. Diclofenac is prescribed for anti-inflammatory effect. Norco has been effective because it reduces the pain to the point where it allows the patient to perform some activities of daily living. The medication is helping provide relief with the patient's moderate to severe pain. Per medical record review dated 04/30/14, Norco was prescribed on 12/30/13. Progress report dated 09/02/14 states that Tramadol is being prescribed as second line treatment for pain while weaning Norco. Diclofenac and Norco were also prescribed on 09/02/14. Treater is requesting formal authorization for orthopedic re-evaluation. Patient can return to work on a modified duty basis. Diagnosis 09/30/14- left knee tricompartmental chondromalacia following surgery x 3- possible posterolateral corner injury The utilization review determination being challenged is dated 09/30/14. The rationale follows: 1) Diclofenac XR 100mg number thirty (30): "no evidence of functional improvement..." 2) Norco 10/325mg number sixty (60): "no long term studies to allow long term use..." 3) Tramadol/ APAP 37.5/325mg number one hundred (100): "no long term studies to allow long term use..." 4) Outpatient orthopedic evaluation within six (6) weeks: "not clear why specialist is used for long term..." [REDACTED] is the requesting provider and he provided treatment reports from 04/29/14 - 09/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100mg number thirty (30): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications Page(s): 60, 61, 22.

Decision rationale: Patient presents with left knee pain rated 3-8/10. The request is for Diclofenac XR 100mg number thirty (30). Patient is status post 3 knee surgeries. His diagnosis dated 09/30/14 included left knee tricompartmental chondromalacia and possible posterolateral corner injury Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. It is also supported for other chronic pain conditions. Diclofenac was prescribed for anti-inflammatory effect per treater report dated 09/02/14. Review of subsequent progress report dated 09/30/14 does not discuss efficacy of this medication. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Given the lack of documentation regarding this medication, the request is not medically necessary.

Norco 10/325mg number sixty (60): 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 Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: Patient presents with left knee pain rated 3-8/10. The request is for Norco 10/325mg number sixty (60). Patient is status post 3 knee surgeries. His diagnosis dated 09/30/14 included left knee tricompartmental chondromalacia and possible posterolateral corner injury. Norco has been effective because it reduces the pain to the point where it allows the patient to perform some activities of daily living. The medication is helping provide relief with the patient's moderate to severe pain. Per medical record review dated 04/30/14, Norco was prescribed on 12/30/13. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, while the treater provides a general statement that Norco has been effective because it reduces the pain to the point where it allows the patient to perform some activities of daily living, the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, the request is not medically necessary.

Tramadol/APAP 37.5/325mg number one hundred (100): 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 Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: Patient presents with left knee pain rated 3-8/10. The request is for Tramadol/ APAP 37.5/325mg number one hundred (100). Patient is status post 3 knee surgeries. His diagnosis dated 09/30/14 included left knee tricompartmental Chondromalacia and possible posterolateral corner injury. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Progress report dated 09/02/14 states that Tramadol is being prescribed as second line treatment for pain while weaning Norco. However, review of subsequent progress report dated 09/30/14 shows that there were no changes in Norco and no weaning. The four A's are not specifically addressed either, including discussions regarding adverse side effects, aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, the request is not medically necessary.

Outpatient orthopedic evaluation within six (6) weeks: Overturned

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM, Chapter: 7, page 127, Independent Medical Examinations (IMEs)

Decision rationale: Patient presents with left knee pain rated 3-8/10. The request is for Outpatient orthopedic evaluation within six (6) weeks. Patient is status post 3 knee surgeries. His diagnosis dated 09/30/14 included left knee tricompartmental Chondromalacia and possible posterolateral corner injury. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational 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. Treater states in progress report dated 09/30/14 that he is requesting formal authorization for orthopedic follow-up. Given the complexity of the patient's knee condition, orthopedic periodic follow-up's are reasonable. The request is medically necessary.