

<b>Case Number:</b>	CM14-0174945		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	02/21/2014
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 applicant is a represented [REDACTED], Incorporated employee who has filed a claim for facial pain, knee pain, low back pain, and wrist pain reportedly associated with an industrial injury of February 21, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; earlier forearm surgery on February 25, 2014; facial surgery on March 11, 2014; and several months off of work. In a September 23, 2014 Utilization Review Report, the claims administrator partially approved a request for Norco 10/325 #90 as Norco 10/325 #60, partially approved a request for Cyclobenzaprine 7.5 mg #90 as Cyclobenzaprine 7.5 mg #20, partially approved a request for 12 sessions of chiropractic manipulative therapy as six sessions of the same, denied a request for knee viscosupplementation injections. The claims administrator suggested that the applicant was off of work, on total temporary disability. The claims administrator stated that there was no evidence that conservative treatment had been failed for knee arthritis before the viscosupplementation injections in question were sought. The applicant's attorney subsequently appealed. In a July 1, 2014 progress note, the applicant reported ongoing complaints of wrist pain with a delayed intraarticular fracture union following the earlier ORIF surgery. The applicant also had a triangular fibrocartilage tear, it was acknowledged. The applicant was given prescriptions for Norco and Naprosyn. The applicant's work status was not furnished. In an August 5, 2014 progress note, the applicant reported ongoing complaints of low back and bilateral shoulder pain, fluctuating at 4-8/10. It was stated that the applicant was using his pain medications judiciously. This was not elaborated or expounded upon. The applicant was placed off of work, on total temporary disability, while Norco, Flexeril, and x-rays of the knee were sought. It was not clearly stated whether the medications in question were a first-time request or a renewal request. On June 3, 2014, the applicant was again described as having ongoing complaints of

forearm pain. The applicant was given Norco for pain relief and kept off of work, on total temporary disability. The applicant was again placed off of work, on total temporary disability, on an earlier note dated April 18, 2014, at which point x-rays of numerous body parts were sought. The articles at issues were later sought via a request for authorization (RFA) form dated September 16, 2014 and associated progress notes dated September 2, 2014, neither of which appears to have been incorporated into the Independent Medical Review packet. In the August 5, 2014 progress note, the attending provider alluded to the applicant's having had earlier right knee MRI imaging of May 15, 2014 demonstrating a chronic patellar fracture with osteonecrosis of the fractured fragment, a knee joint effusion, and degenerative changes of the medial and lateral menisci.

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

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

**Norco 10/325 mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability, despite ongoing Norco usage. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.

**Cyclobenzaprine 7.5 mg #90: 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)

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

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using other agents, including Norco, an opioid. Addition of Cyclobenzaprine to the mix is not recommended. Therefore, the request is not medically necessary.

**Chiropractic three times a week for four weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation topic Page(s): 58.

**Decision rationale:** As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, the time deemed necessary to produce effect following introduction of manipulative therapy is "four to six treatments." The request, thus, as written, represents treatment at a rate two to three times MTUS parameters. No rationale for treatment this far in excess of the MTUS principles and parameters were proffered by the attending provider, although it is acknowledged that the September 2, 2014 progress note on which the article at issue was sought was not seemingly incorporated into the Independent Medical Review packet. The information which is on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.

**Orthovisc injections bilateral knees (3 each knee total of 6): 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), Acid Injection

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ACOEM V.3: Knee, Specific Diagnoses, Knee Pain and Osteoarthritis Injections.

**Decision rationale:** The MTUS does not address the topic. While the Third Edition ACOEM Guidelines do acknowledge that knee viscosupplementation (Orthovisc) injections are recommended in the treatment of moderate-to-severe knee osteoarthritis and can also be employed to treat pain after arthroscopy and meniscectomy, in this case, however, the applicant does not seemingly carry a diagnosis of radiographically-confirmed knee arthritis of either the right or left knee. There was no mention of the applicant's having undergone previous knee arthroscopy and/or meniscectomy. Therefore, the request is not medically necessary.