

<b>Case Number:</b>	CM14-0175973		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	11/13/2013
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 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 32-year-old male with a date of injury of 11/13/2013. The listed diagnosis per [REDACTED] from 09/12/2014 is knee pain. According to this report the patient's pain level has remained unchanged since his last visit. His pain with medication is 3/10 and without medication 6/10. The patient underwent left knee ACL tear surgery on April 7, 2014. The examination shows paravertebral muscles are tender on both sides of the lumbar spine. Inspection of the knee joint reveals surgical scars. Crepitus was noted with active movement. Tenderness to palpations over the lateral joint line and medial joint line of the left knee and mild effusion in the left knee joint. McMurray's test is positive. The documents include an MRI of the left knee from 02/04/2014 and 10/06/2014, an x-ray of the left knee from 01/16/2014, a knee arthroscopic operative report from 04/07/2014, urine drug screen from 06/30/2014, and progress reports from 11/13/2013 to 10/20/2014. The utilization review denied the request on 09/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 50mg, #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

**Decision rationale:** The patient presents with knee pain. The patient is status post left knee arthroscopy from 04/07/2014. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. The records do not show a history of Nucynta use. The physician notes on 08/22/2014 that the patient's Norco has been ineffectively in relieving his pain. The urinalysis from 06/30/2014 show consistent results with prescribes medications. Given that the patient has used Norco reports that it has been ineffective, a trial of Nucynta is reasonable. Recommendation is for authorization.

**MRI of the lumbar spine noncontrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back-Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, MRI

**Decision rationale:** This patient presents with knee pain. The patient is status post left knee arthroscopy from 04/07/2014. The ACOEM Guidelines page 303 on MRI for back pain states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG also states that repeat MRIs are not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, nerve compression and recurrent disk herniation). The 09/12/2014 report notes tenderness in the paravertebral muscles of the lumbar spine on both sides. No other findings of the lumbar spine were noted on this report. The physician indicated that an MRI of the lumbar spine is being requested to "assess anatomic pathology given the patient's clinical symptoms and objective findings on physical examination." The reports do not show any recent or previous MRIs of the lumbar spine. There are no radicular symptoms, no neurological or sensory examination findings that would warrant the need for an MRI. Also, there are no red flags noted. Recommendation is for denial.