

<b>Case Number:</b>	CM14-0022410		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	06/03/2001
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Management, 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 Physician 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:

This patient is a 55-year-old female with date of injury 06/03/2001. According to the progress report of 01/23/2014, the patient presents with right knee injury, status post multiple right knee arthroscopic surgeries. The patient has advanced arthritis and will need knee replacement. In the meantime, nonsurgical approach with series of hyaluronic acid injections which were denied. Current medications are Norco 3 a day, Nexium, and Restoril. Examination showed 0 to 125 degrees of range of motion which is painful, mild to moderate right quadriceps atrophy. Diagnostic impression is right knee pain due to advanced medial joint patella femoral degenerative arthritis. Recommendation was for Euflexxa injection series of 3, request x-rays of bilateral knees, trial of right knee neoprene brace, change cane to ergonomic single point to avoid any excessive strain on the hand. Next progress report is dated 10/17/2013 with the patient having failed comprehensive physical therapy program, prior arthroscopy surgeries and need of knee replacement. The patient also with severe GERD, currently on Nexium 40 mg once a day. Patient was to continue pain medications. Supplemental report is noted from 06/20/2013 basically discussing the hyaluronic acid and x-rays.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-80.

**Decision rationale:** This employee presents with chronic right knee pain with multiple arthroscopic surgeries in the past. The request is for Norco 10/325. However, none of the reports reviewed from 04/26/2013 to 01/23/2013 discussed whether or not this medication has been helpful. Perhaps, it can be assumed that the employee is benefiting from Norco, but the treating physician does not provide documentation. The MTUS Guidelines page 80 require monitoring to be provided by the treating physician and appropriate recommendations made. Regarding chronic opiate use for chronic pain, MTUS page 78 requires documentation of 4 A's including ADLs, analgesia, adverse effects, adverse drug-seeking behavior. It also requires documentation of pain assessment. None of this information is provided on this employee despite review of multiple reports. There are no urine drug screen testing, there are no pain scales provided, no measures of functional improvement in terms of activities of daily living. Recommendation is for denial and slow taper of the medication.

**NEXIUM 40MG:** 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 NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

**Decision rationale:** This patient presents with chronic right knee pain with history of multiple arthroscopic surgeries. The request is for Nexium 40 mg and the treating physician documents on 10/17/2013 that the patient has severe GERD for which the patient is taking Nexium. MTUS Guidelines does talk about prophylactic PPIs when the patients have GI risk factors. In this case, the patient suffers from severe GERD per treating physician. Use of Nexium is appropriate given the patient's GERD condition. Recommendation is for authorization.

**RESTORIL 15MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

**Decision rationale:** The request is for Restoril. The MTUS Guidelines do not support chronic use of benzodiazepines for chronic condition. If it is used, only a short-term use is allowed. In this case, the treating physician has been prescribing Restoril for this employee's insomnia on

a long-term basis. Reports from 10/07/2013 and 01/23/2014 both include Restoril or temazepam. Recommendation is for denial.

**SINGLE POINT CANE:** Overturned

**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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

**Decision rationale:** This employee has severe arthritic chronic right knee pain with history of multiple arthroscopic surgeries. The request is for a single point cane. Recommendation is for authorization given the employee's arthritic knee condition, chronic pain, and safety issues. The ODG Guidelines certainly support use of canes for ambulation safety. The request for a single point cane is medically necessary.

**NEOPRENE BRACE:** Overturned

**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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)-- TREATMENT IN WORKERS COMP (TWC), KNEE BRACING.

**Decision rationale:** This employee presents with chronic right knee pain with history of multiple arthroscopic surgeries. The treating physician has asked for neoprene brace. The ODG Guidelines support prefabricated braces for knee conditions when they have severe arthritic knee. This employee has had multiple arthroscopic surgeries. Although x-ray report is not available, the treating physician reports that the employee has a severe arthritic knee. Recommendation is that the Neoprene Brace is medically necessary.