

<b>Case Number:</b>	CM14-0049076		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	10/01/1997
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 claimant injured his knee on October 01, 1997. He complains of neck, knee and back pain with occasional radiation down his leg. He is status post right knee arthroscopy with excision and debridement of the anterior posterior medial horn tears with chondroplasty of the patella and medial femoral condyle and lateral femoral condyle. He also had a micro-fracture of the lateral femoral condyle and partial synovectomy of the anterior knee with excision of the medial and lateral suprapatellar plicae. The surgery was done on January 24, 2014. He has been prescribed aspirin, Diltiazem, Flomax, Lodine, and Norco. He has a diagnosis of osteoarthritis. The patient had grade 4 articular changes in the lateral compartment of the knee. He had been using Norco since January 2014 postoperatively. Unloader braces are typically recommended for the medial compartment of the knee and not the lateral compartment. Aspirin was not certified due to its lack of effect. Diltiazem was not certified due to the lack of evidence of hypertension. The Flomax was not certified, as there was no previous history of benign prostatic hyperplasia. Norco was not certified and it was recommended to be weaned. He had not improved despite use of Norco. His pain seemed to be worsening. He had an Agreed Medical Evaluation and a supplemental report was done on October 11, 2007. The claimant saw [REDACTED] on February 05, 2014. He has difficulty differentiating his pain from his lumbar radicular symptoms. On March 21, 2014, he was seen again. He complained of knee pain. His medications included aspirin, Diltiazem, Flomax, and Norco. There is no mention of Lodine. He had a limp and decreased range of motion. His right knee was progressing well and he was to discontinue his walker. He was to use a cane for ambulation. Physical Therapy had been approved. He attended physical therapy for visit #4 of 8 on April 15, 2014. He is status post surgery and on April 23, 2014 was progressing.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **One Ossur Unloading Brace: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation 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), Knee: Unloader braces.

**Decision rationale:** The history and documentation do not objectively support the request for an unloader brace to unload the lateral compartment of the knee. The Official Disability Guidelines state that unloader braces are designed specifically to reduce the pain and disability associated with osteoarthritis of the medial compartment of the knee by bracing the knee in the valgus position in order to unload the compressive forces on the medial compartment. Several case series suggest that unloader knee braces appear to be associated with a reduction in pain in patients with painful osteoarthritis of the medial compartment. This study recommends the unloader (valgus) knee brace for pain reduction in patients with osteoarthritis of the medial compartment of the knee. Since osteoarthritis of the medial compartment has not been described as the indication, the medical necessity of this brace has not been demonstrated. Therefore, the request is not medically necessary.

### **Aspirin EC 81mg #30 with 11 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes (Type 1,2, and Gestational).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Vandvik PO, Lincoff AM, Gore JM, Gutterman DD, Sonnenberg FA, Alonso-Coello P, Akl EA, Lansberg MG, Guyatt GH, Spencer FA. Primary and Secondary Prevention of Cardiovascular Disease: Antithrombotic Therapy and Prevention of Thrombosis, 9th Ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines. Chest. 2012 Feb; 141(2 Suppl): e637S-68S.

**Decision rationale:** The history and documentation do not objectively support the request for aspirin EC 81mg (#30 with 11 refills). The guideline American College of Chest Physicians Evidence-Based Clinical Practice Guidelines, recommend the use of low dose aspirin in the primary and secondary prevention of cardiovascular disease but in this case, there is no evidence of cardiovascular disease for which the aspirin is being taken. It may be that the claimant is taking it prophylactically with no history of cardiovascular disease, but either way, the indication for its use should be stated. The medical necessity of this request has not been demonstrated due to this lack of information. Therefore, the request is not medically necessary.

**Diltiazem HCL 30mg #90 with 11 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes (Type 1,2, and Gestational).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fihn SD, Gardin JM, Abrams J, Berra K, Blankenship JC, Dallas AP, Douglas PS, Foody JM, Gerber TC, Hinderliter AL, King SB 3rd, Kligfield PD, Krumholz HM, Kwong RY, Lim MJ, Linderbaum JA, Mack MJ, Munger MA, Prager RL, Sabik JF, Shaw LJ, Sikkema JD, Smith CR Jr, Smith SC Jr, Spertus JA, Williams SV. 2012 Guideline for the Diagnosis and Management of Patients with Stable Ischemic Heart Disease. J Am Coll Cardiol. 2012 Dec 18; 60(24): e44-e164.

**Decision rationale:** The history and documentation do not objectively support the request for Diltiazem 30mg (#90 with 11 refills). The Guideline for the Diagnosis and Management of Patients with Stable Ischemic Heart Disease recommends its use for patients with stable ischemic heart disease and it is also used to control hypertension. In this case, the indication for the use of this medication is not stated in the medical records. As a result, the medical necessity of its use has not been demonstrated. Therefore, the request is not medically necessary.

**Flomax 0.4mg #30 with 11 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Urological Association Education and Research, Inc, Guideline on the Management of Benign Prostatic Hyperplasia (BPH). Linthicum (MD), 2010, page 34.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference (PDR), 2014: Flomax.

**Decision rationale:** The history and documentation do not objectively support the request for the use of Flomax. The Physician's Desk Reference recommends Flomax for urinary hesitancy due to benign prostatic hypertrophy, which has not been described in the submitted records. The medical necessity of the use of this medication has not been clearly demonstrated. Therefore, the request is not medically necessary.d.

**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 Opioids for Chronic Pain Page(s): 110.

**Decision rationale:** The history and documentation do not objectively support the request for the opioid, Norco. The Chronic Pain Medical Treatment Guidelines outline several components of initiating and continuing opioid treatment and states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. Guidelines further explains, that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefits she received from treatment measures. Additionally, the 4A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) should be followed and documented per the guidelines. The claimant's pattern of use of Norco is unclear other than he takes it. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary or periodic urine drugs tests have been recommended. As such, the medical necessity of the ongoing use of Norco has not been clearly demonstrated. Therefore, the request is not medically necessary.

**Lodine 500mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, page 102; Medication Management, Page(s): 94.

**Decision rationale:** The history and documentation do not objectively support the request for continued use of Lodine for the claimant's ongoing pain. According to the Chronic Pain Medical Treatment Guidelines NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. For back pain and acute exacerbations, NSAIDs are recommended as a second-line treatment after acetaminophen. For neuropathic pain, there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and

other nociceptive pain) in with neuropathic pain. Guidelines state that the relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days and a record of pain and function with the medication should be recorded. In this case, there is no documentation of the claimant's pattern of use or the specifics of the benefit this medication provides for him. The medical necessity of continued use of Lodine has not been demonstrated. Therefore, the request is not medically necessary.