

<b>Case Number:</b>	CM14-0061062		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/29/2009
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 58 year old female injured on 10/29/09 as a result of a trip and fall resulting in injury to the bilateral knees, facial bones, teeth, neck, bilateral shoulders, and right wrist. Current diagnoses include discogenic cervical condition with facet inflammation from C3 through C5 with associated headaches and shoulder girdle involvement, bilateral shoulder impingement, discogenic lumbar condition with facet inflammation and radiculopathy, internal derangement of bilateral knees, stress/depression/insomnia, and wrist joint inflammation. Clinical note dated 05/05/14 addresses prior noncertification of opioid medications and provides clarification of documentation errors. It is noted in the documentation tapering of Morphine Sulfate was initiated prior to utilization review intent was to conclude weaning of Morphine sulfate then initiate weaning of Norco. It was also noted the injured worker discontinued Soma with transition to Flexeril for ongoing complaints of muscle spasms and stiffness. Tapering of Flexeril was also initiated and reduction to be continued over time. The documentation indicates MRI of the left knee performed in 2009 revealed free flap tear of the medial meniscus, Baker's cyst, thickening of the biceps femoris tendon, moderate degenerative change of the patellofemoral joint. Symptoms included popping, clicking, swelling, and giving way of bilateral knees. Clarification indicated the injured worker had not undergone injection to either knee. Documentation indicates the injured worker did have access to hinged knee braces for bilateral knees. Medications included Morphine Sulfate extended release (ER) 30 milligrams, Norco 10/325 milligrams, Flexeril 10 milligrams, and Topamax 50 milligrams. The initial request for Morphine Sulfate ER 20 milligrams quantity 80, Norco 10/325 milligrams quantity 120, retrospective Flexeril 7.5 milligrams date of service 04/04/14 quantity 60, left knee quantity 1, and right and left knee braces was noncertified on 04/25/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Morphine Sulfate ER 20mg #80:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75,78,79,80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** Clinical documentation indicates tapering of the current medication regimen is underway and the injured worker is tolerating well. Intent to continue to taper medications with eventual cessation of opioids and muscle relaxants was noted in the follow up documentation. As such, the request for Morphine Sulfate extended release (ER) 20 milligrams quantity 80 is recommended as medically necessary for weaning purposes only.

### **Norco 10/325mg#120:** Overturned

**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): 77.

**Decision rationale:** Clinical documentation indicates tapering of the current medication regimen is underway and the injured worker is tolerating well. Intent to continue to taper medications with eventual cessation of opioids and muscle relaxants was noted in the follow up documentation. As such, the request for Norco 10/325 milligrams quantity 120 is recommended as medically necessary for weaning purposes only.

### **Retrospective Flexeril 7.5 Mg Date of services 04/04/14 #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Cyclobenzaprine Page(s): 41.

**Decision rationale:** Clinical documentation indicates tapering of the current medication regimen is underway and the injured worker is tolerating well. It was noted the injured worker successfully transitioned from Soma to Flexeril with the ability to continue to work at fulltime status. Intent to continue to taper medications with eventual cessation of opioids and muscle relaxants was noted in the follow up documentation. As such, the request for retrospective Flexeril 7.5 milligrams date of services 04/04/14 quantity 60 is recommended as medically necessary for weaning purposes only.

### **Left Knee Injection #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1015-1017. Decision based on Non-MTUS Citation Official Disability Guidelines ,Knee&leg ,Corticosteroid injection.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines -online version, Knee complaints, Clinical measures, Injection therapy, Corticosteroid injection.

**Decision rationale:** Current California Medical Treatment Utilization Schedule (MTUS) indicates there is no recommendation for or against cortisone injections in the treatment of knee disorders. Criteria for the use of steroid injection includes documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, not controlled adequately by recommended conservative treatments; pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; intended for short term control of symptoms to resume conservative medical management or delay total knee arthroplasty (TKA); and absence of synovitis, presence of effusion preferred (not required). The documentation fails to provide this information. As such, the request for left knee injection cannot be recommended as medically necessary.

### **Right and left knee braces: 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines -online version, Knee complaints, Clinical measures, Devices, Brace.

**Decision rationale:** As noted in the current California Medical Treatment Utilization Schedule (MTUS), there is no recommendation for or against functional bracing as part of a rehabilitation program. It was also indicated prolonged bracing for anterior cruciate ligament (ACL) deficient knee is not recommended. The clinical documentation indicated the injured worker had access to knee bracing for bilateral knees; however, there is no indication why additional braces would be required. As such, the request for right and left knee braces cannot be recommended as medically necessary.