MAXIMUS Federal Services

Case Number:	CM14-0070521		
Date Assigned:	07/14/2014	Date of Injury:	06/23/2009
Decision Date:	09/08/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/15/2014

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] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of June 23, 2009.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and opioid therapy.In a Utilization Review Report dated May 6, 2014, the claims administrator denied a request for MRI of the knee, suggesting that the applicant obtained plain films of the knee instead. The claims administrator did not state what guideline was basing that opinion upon. Butrans Patches were also denied on the grounds that the applicant was not using the same for the detoxification of opioid addiction purposes.The applicant's attorney subsequently appealed.On June 6, 2014, the applicant presented with persistent complaints of increasing low back pain and panic attacks. The applicant was apparently pending lumbar spine surgery and also had issues with Crohn's disease. The applicant had issues with persistent knee pain, knee tenderness, small joint effusion, and positive McMurray's testing. The applicant's gait was not described. The attending provider gave the applicant refills of Butrans, Ultram, Pamelor, Ambien, Neurontin, Zestoretic, Lomotil, and Ativan. The applicant had a pending psychiatric evaluation for anxiety and panic attacks, it was stated. The attending provider suggested that the applicant obtained a knee MRI to evaluate joint effusion and suspected internal derangement.On April 25, 2014, the applicant was described as having persistent complaints of low back pain. Weight loss was recommended. The applicant was having issues with diarrhea and panic attacks, it was stated. The applicant also reported heightened left knee pain. The applicant exhibited tenderness about the left knee with positive patellofemoral compression testing and positive McMurray's Maneuver. Various medications were refilled. The attending provider suggested that the applicant obtain a knee MRI and followup with an

orthopedic knee surgeon owing to the heightened complaints of knee pain, knee tenderness, and knee joint effusion.The applicant was placed off of work, on total temporary disability on a note dated March 14, 2014.On February 13, 2014, the applicant's medical legal evaluator suggested that the applicant was having issues performing self-care, personal hygiene, communicating, typing, climbing stairs, prolonged sitting, and/or prolonged standing. The applicant stated that her husband and daughter were helping in performing many activities of daily living. The applicant was not working, it was reiterated. It was stated that the applicant was using Butrans for pain purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 13-2 335.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, table 13-2, page 335, MRI imaging can be employed to confirm a diagnosis of suspected meniscal tear or meniscal derangement. In this case, the applicant's complaints of heightened knee pain, positive provocative test including a positive McMurray's Maneuver, etc., do call in the question for likely meniscal pathology here. The attending provider has posited that the applicant would act on the results of the knee MRI and would obtain an orthopedic knee surgery evaluation were said knee MRI approved. Thus, it does appear that the applicant would act on the result of the knee MRI in question and would consider a surgical remedy were it offered to her. Therefore, the request for MRI of the left knee is medically necessary.

Butrans Patch 10mcg #5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine topic Page(s): 26.

Decision rationale: As noted on page 26 of the MTUS Chronic Pain Medical Treatment Guidelines, Butrans or Buprenorphine is recommended in the treatment of opioid addiction and is also recommended as an option for chronic pain after applicants have already detoxified off of opioids. In this case, however, it does not appear that the applicant is intent on the detoxifying off of opioids. It does not appear that the applicant is using Butrans for opioid addiction. Rather, the applicant's medical legal evaluator has suggested that the applicant is using Butrans for chronic pain purposes. However, as noted on page 26 of the MTUS Chronic Pain Medical Treatment Guidelines, Butrans is only recommended for chronic pain in applicants who have a

history of opioid addiction. There is no such history evident here; therefore, the request for Butrans Patch 10mcg #5 is not medically necessary.