

<b>Case Number:</b>	CM14-0175019		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	01/09/2012
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 47 year old woman with a date of injury of 1/9/12. She was seen by her primary treating physician on 9/5/14 with complaints of bilateral knee pain, predominantly in the right knee. She is status post right knee arthroscopy in 3/14. She also complained of back pain radiating to both knees as well as right ankle pain. Her exam showed tenderness in the lumbar paraspinals with decreased flexion and extension on the right with negative straight leg raises. She had normal lower extremity strength and sensation. She had reduced flexion in both knees and a painful McMurray's sign on the right with no joint line tenderness. Her diagnoses were bilateral knee internal derangement, bilateral ankle sprain, bilateral shoulder tendinitis, cervical sprain, left knee sprain, lumbar spine disc protrusion, strain with radicular symptoms and retrolithesis, right knee medial meniscus tear - status post right knee arthroscopy with partial lateral meniscectomy and chondroplasty. At issue in this review is the request for ultracet, Relafen, medial branch facet blocks at L4-L5 and L5-S1 and right knee cortisone injection. Length of prior therapy is not documented in the note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Right Knee Cortisone Injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329.

**Decision rationale:** The injured worker has chronic knee pain and is status post right knee arthroscopy with partial lateral meniscectomy and chondroplasty. There are no red flags on physical exam and invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. The records do not describe the rationale for a cortisone injection to the right knee in addition to pharmacologic management in this injured worker. The medical necessity of a cortisone injection to the right knee is not substantiated. Therefore, this request is not medically necessary.

### **1 Medial Branch Facet Blocks at L4-L5 and L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

**Decision rationale:** Facet joint injections are of questionable merit in low back pain. The physical exam does not suggest radicular pathology and the worker do not meet the criteria as there is not clear evidence in the records that she has failed conservative treatment with exercises, physical methods, or medications. The records do not substantiate the medical necessity of medial branch facet blocks at L4-L5 and L5-S1. Therefore, this request is not medically necessary.

### **1 Prescription for Ultracet #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic low back pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 9/14 fails to document any improvement in pain, functional status or a discussion of side effects to justify ongoing use. The medical necessity of Ultracet is not supported in the records. Therefore, this request is not medically necessary.

### **1 Prescription for Relafen 750mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-73.

**Decision rationale:** In chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status to justify ongoing use. The medical necessity of Relafen is not supported in the records. Therefore, this request is not medically necessary.