

<b>Case Number:</b>	CM14-0183371		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	04/02/2002
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Physical Medicine & Rehabilitation, 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 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 patient is a 64-year-old male with date of injury of 04/02/2002. The treating physician's listed diagnoses from 08/11/2014 is status post ligamentous reconstruction of the extensor mechanism with the weakness and osteoarthritis of the joint, right knee. According to this report, the patient complains of right knee pain. He has a history of reconstruction of ligaments with weakness and stiffness. The examination of the right knee shows no gross deformity. Crepitus and pain are appreciated with motion. There is joint tenderness upon palpation about the medial and lateral joint line. The documents include one progress report from 08/11/2014. The utilization review denied the request on 10/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold therapy unit for right knee x 1 purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Continuous-flow cryotherapy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter for continuous cryotherapy

**Decision rationale:** This patient presents with right knee pain. The patient is status post ligamentous reconstruction of the right knee, date unknown. The treater is requesting a Cold Therapy Unit for the Right Knee times one for Purchase. The MTUS and ACOEM Guidelines are silent with regards to this request; however, ODG Guidelines on continuous flow cryotherapy states, "Recommended as an option after surgery, but not for nonsurgical treatment. Post-operative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (e.g., muscle strains and contusions) has not been fully evaluated." The records do not show a history of cold therapy unit use. The treater notes on 08/11/2014, "Cold unit for the right knee, to be used in adjunct with a home exercise program to assist with his chronic pain." It is not known whether or not this unit is to be used post-operatively and if so, for how long. While ODG supports this type of treatment for 7 days following surgery, it is not supported in any other context. Given the lack of the treater's discussion as to when and for how long this unit is to be used, the request is not medically necessary.

**Norco 10-325mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR INITIATING OPIOIDS Page(s): 76-78.

**Decision rationale:** This patient presents with right knee pain. The patient is status post ligamentous reconstruction of the right knee, date unknown. The treater is requesting Norco 10-325mg Quantity 90. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. The records do not show a history of Norco use. The patient's injury is from 2002, it is possible that the patient has tried NSAIDs, opiates and other conservative treatments, however it is not known. Given the patient's chronic condition, a short course of opioids is reasonable to determine its efficacy in terms of pain relief and functional improvement. The request is medically necessary.

**Soma 350mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 21.

**Decision rationale:** This patient presents with right knee pain. The patient is status post ligamentous reconstruction of the right knee, date unknown. The treater is requesting SOMA 350 MG QUANTITY 90. The MTUS Guidelines page 21 on Carisoprodol (Soma) states that it is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule IV controlled substance). The records do not show a history of Soma use. While a short-course may be reasonable, the requested quantity exceeds MTUS recommended short-term use. Therefore the request is not medically necessary.