MAXIMUS Federal Services

Case Number:	CM14-0190692		
Date Assigned:	11/24/2014	Date of Injury:	04/12/2000
Decision Date:	01/09/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/14/2014

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 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 (IW) is a 57-year-old man with a date of injury of April 12, 2000. The IW was working as a laborer for approximately 10 years. He was digging around a drain as he pushed his foot and his left knee to dig, the leg slipped and his knee popped. The IW had knee arthroscopy on November 30, 2000, which revealed spur formation Grade IV chondromalacia debridement, and chondral fragments were removed as well as a lateral release. Documentation indicated the IW did not do well postoperatively and was seen for a second opinion. Physical therapy was not helpful. He had a second arthroscopy on October 1, 2001, and a total knee arthroscopy on September 3, 2002. He had developed a flexion contracture at the time of surgery. Pursuant to an October 17, 2014 consultation note, the IW complains of left knee pain, weakness and numbness in the leg. He has pain all around the left knee joint. He has numbness in the foot and lower shin. He is unable to fully extend the knee. He walks with a significant limp. His pain levels are rated 7/10, coming down to 4/10 with medications. His pain is worse with walking, standing, bending, and lifting. Pain is decreased with medications. Physical examination revealed left knee tenderness. There is no edema or effusion. He is missing about 10 degrees of extension. He can flex to about 100 degrees. Reflexes of the lower extremities are 2+. He has atrophy of the left lower leg and calf. He is unable to fully dorsiflex his left foot against resistance. He has decreased sensation of the anterior foot in the lower anterior shin. The IW has been diagnosed with chronic left knee pain; chronic pain syndrome; total left knee replacement in 2002; spinal cord stimulator implant; peroneal nerve palsy; flexion contracture of the left knee; and gait abnormality. The IW has been taking Norco and Morphine prescribed from his primary care physician since 2013. Documentation states that despite taking Norco, the IW is still having significant problems. The provider is adding Tramadol ER and Flexeril 7.5mg for

muscle spasms and sleep. The IW will be referred to a Podiatrist for evaluation for a prosthetic shoe.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol ER 150 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improves quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker is a 57-year-old man with a date of injury April 12, 2000. The injured worker has a history of multiple left knee surgeries with a spinal cord stimulator implant. Examination details remained unchanged from prior reports and progress notes. The treating physician indicated the patient's gait issues are related to the patient's left knee flexion contracture does the dates diagnoses her left knee pain, chronic pain syndrome, perineal or falsely, flexion contractures (left knee), an abnormality (two deflection contractor), status post total replacement and status post spinal cord stimulator. Review of the medication list indicates the injured worker was taking morphine in Norco in May 2013. More recently, the injured worker is taking both Norco, Morphine and Tramadol (October 17, 2014 progress note). There is no evidence supporting long-term use of these medications. However, the injured worker has been taking opiates well in excess of the recommended guidelines. Additionally, the worker is still taking Norco and still having significant problems. The documentation does not reflect objective functional improvement associated with opiate use and consequently, Tramadol ER 150 mg #60 is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Tramadol ER 150 mg #60 is not medically necessary.

Cyclobenzaprine (Flexeril) 705 mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Muscle Relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 7.5 mg #60 is not medically necessary. Muscle relaxants are recommended with caution as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect. In this case, Flexeril was added to the medical regimen in an October 17, 2014 progress note. Morphine and Norco were not working and the treating physician added Flexeril and tramadol. Flexeril is recommended for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. There is no indication in the medical record of an exacerbation or worsening of symptoms. Additionally, the injured worker was taking Cyclobenzaprine well in excess of the recommended guidelines (two weeks). Consequently, Cyclobenzaprine 7.5 mg #60 is not medically necessary.

One prosthetic shoe: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Section, Foot orthotics

Decision rationale: Pursuant to the Official Disability Guidelines, one prosthetic shoe is not medically necessary. Orthotic footwear is recommended as an option for patients with knee osteoarthritis that may require devices to alter joint loading while weight-bearing and walking. See the ODG details. In this case, the documentation reflects the injured worker had a flexion contracture of the right knee that may be altering the injured worker's gate and contributing to the lower extremity symptoms. Osteoarthritis was not a contributive factor in the decision-making for a foot orthotic. There were no guidelines regarding the use of orthotic devices for flexion contractures of the knee joints. Consequently, one prosthetic shoe is not medically necessary.