

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0002773 | | |
| Date Assigned: | 01/13/2015 | Date of Injury: | 08/07/2014 |
| Decision Date: | 03/16/2015 | UR Denial Date: | 12/31/2014 |
| Priority: | Standard | Application Received: | 01/06/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 37-year-old male who reported an injury on 08/07/2014. He was descending down a ladder and lost his footing and fell approximately 2 to 3 feet on the concrete floor in a stiff, extended upright position. The clinical note, dated 10/06/2014, revealed complaints of pain noted over the lumbar spine and right knee. The injured worker underwent a left knee surgery in 1999. He was not currently taking any prescribed medications. Upon examination of the lumbar spine, there was mild spasm and guarding present with no deformity. There was no erythema or atrophy. Stability testing was intact with no sign of lumbar instability. Strength testing intact was intact. Examination of the right knee revealed a 2 to 3+ intra-articular effusion. There was tenderness about the joint line and the grind maneuver produces pain. Positive ballotement maneuver and grind maneuver noted. No laxity to varus or valgus testing. 4+/5 strength in both flexion and extension with diminished sensation to the left lower extremity. The diagnosis were lumbar strain and right knee strain with probably intra-articular mechanical injury. Provider recommended Ultram 50 mg, Cartivisc #60, diclofenac 75 mg, Flexeril 10 mg, and an MRI of the right knee. No rationale provided. The Request for Authorization form was dated 10/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #90 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a Therapeutic Trial of Opioids; Opioids for C.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Ultram 50 mg #90 x 2 refills is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of documentation of treatment history and length of time the injured worker has been prescribed Ultram. Additionally, the efficacy of the prior use of the medication was not provided to support continued use. A recent urine drug screen and a recent signed pain contract were not submitted for review. Additionally, the provider's request failed to indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Cartivisc #60 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: The request for Cartivisc #60 x 2 refills is not medically necessary. The California MTUS Guidelines recommend Cartivisc, which is glucosamine and chondroitin sulfate, as an option given its low risk in injured workers with moderate pain, especially for knee osteoarthritis. The injured worker does not have a diagnosis congruent with the guideline recommendation for Cartivisc. Additionally, there is no evidence of treatment history and length of time the injured worker has been prescribed Cartivisc. The efficacy of the prior use of the medication was not submitted. The provider's request does not indicate the frequency of the medication in the request. As such, medical necessity has not been established.

Diclofenac 75mg #90 x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-70.

Decision rationale: The request for diclofenac 75 mg #90 x 3 refills is not medically necessary. The California MTUS recommend NSAIDs at the lowest dose for the shortest amount of time congruent with the injured worker's treatment plan or goals. A complete and adequate pain

assessment was not provided. Additionally, no information on treatment history and length of time the injured worker has been prescribed diclofenac. No evidence of increased function or decreased pain with the prior use of this medication. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Flexeril 10mg #90 x 3 refills: 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 Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The request for Flexeril 10 mg #90 x 3 refills is not medically necessary. The California MTUS Guidelines recommend Flexeril as an option for a short course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The request for Flexeril 10 mg #90 and 3 refills exceeds the guideline recommendation of a short term therapy. The provided medical records lacked documentation of significant objective functional improvement with the prior use of the medication. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Knee and Leg Procedures Summary Last Updated 10/27/2014, Indications for Imaging - MRI (Magnetic Resonance Imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The request for MRI of the right knee is not medically necessary. The California MTUS/ACOEM Guidelines state that for most knee problems, special studies are not needed unless a period of conservative care and observation fails to relieve symptoms. Most knee problems improve quickly once any red flag conditions are ruled out. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion or false positive test results because of the possibility of identifying a problem that was present prior to the symptoms beginning. There is lack of evidence of the injured worker's failure to respond to initially recommended conservative treatment to include physical therapy, medications, and injections. No rationale provided for the requested MRI. As such, medical necessity has not been established.