MAXIMUS Federal Services

| Case Number: | CM15-0109025 | | |
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| Date Assigned: | 06/15/2015 | Date of Injury: | 09/27/2007 |
| Decision Date: | 09/23/2015 | UR Denial Date: | 05/08/2015 |
| Priority: | Standard | Application Received: | 06/05/2015 |

## 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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

## 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 male patient who sustained an industrial injury on 09/27/2007. The accident is described as while working reading meters during rain one day he slipped and fell landing on his knees with resulting injury. A primary treating office visit dated 12/22/2014 reported the patient with subjective complaint of worsening back pain. He uses a cane to ambulate. There is also complaint of radiating pain. The patient is overweight and it is recommended he undergo gastric bypass surgery in order to assist with weight loss and then address a total knee replacement. The patient was deemed permanent and stationary at a visit on 03/02/2015. He did undergo right knee arthroscopy in 2007 with post-operative therapy sessions; and in 2008-09 he underwent surgery with hardware to the right knee. In 2009 he had hardware removed. In 20010-10 he underwent a left knee replacement. The patient did work sporadically between surgeries and noted last worked in December 2011. On March 02/2015 he underwent a comprehensive orthopedic evaluation that showed the patient working.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective knee sleeve (DOS 8/11/14):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the use of knee braces.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter under Knee brace.

**Decision rationale:** The patient was injured on 09/27/07 and presents with neck pain, low back pain, bilateral knee pain, right sided ankle pain, bilateral wrist pain, and bilateral shoulder pain. The retrospective request is for KNEE SLEEVE (DOS 08/11/14). The utilization review denial rationale is that there is no pertinent clinical information to support the medical necessity for the knee sleeve. There is no RFA provided and the patient is currently working. The report with the request is not provided. ACOEM pg 338, table 13-3 Methods of Symptom control for knee complaints, under Options, for meniscal tears, collateral ligament strain, cruciate ligament tear, Immobilizer only if needed Under Patellofemoral syndrome a knee sleeve is an option. ODG Guidelines under the Knee Chapter does recommend knee brace for the following conditions, Knee instability, ligament insufficient, reconstruction ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unit compartmental OA, or tibial plateau fracture. It further states, Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. The patient has patellar crepitus with firm compression bilaterally, tenderness along the medial and lateral joint line, a positive McMurray's, tenderness over the medial/lateral malleolus, anterior talofibular ligament, and peroneal tendons on the right. He is diagnosed with cervical/lumbar spine radiculopathy, bilateral shoulder impingement, bilateral wrist tendinitis, right ankle sprain, bilateral knee tendinitis (status post left partial knee replacement), and status post right knee arthroscopy with ex-fix device for various deformity. The documentation provided does not indicate any knee braces or other DME being issued to date. Given this patient's multiple knee surgeries which included status post left partial knee replacement and status post right knee arthroscopy, a knee sleeve could provide some pain relief and functional improvement. Therefore, the request IS medically necessary.

**Retrospective Tramadol ER 150gm #60 (DOS 12/22/14):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids Page(s): 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** The patient was injured on 09/27/07 and presents with neck pain, low back pain, bilateral knee pain, right sided ankle pain, bilateral wrist pain, and bilateral shoulder pain. The retrospective request is for TRAMADOL ER 150 MG #60 (DOS 12/22/14). There is no RFA provided and the patient is currently working. The report with the request is not provided

and it is unknown when the patient began taking this medication. Progress reports are provided from 08/11/14 to 03/02/15. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids, Therapeutic Trial of Opioids, also requires documentation of the 4As, analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Guidelines, under Opioids For Chronic Pain, pages 80 and 81 state the following regarding chronic low back pain: “Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Long-term use of opiates may be indicated for nociceptive pain as it is Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer).” However, this patient does not present with pain that is "presumed to be maintained by continual injury." The patient is diagnosed with cervical/lumbar spine radiculopathy, bilateral shoulder impingement, bilateral wrist tendinitis, right ankle sprain, bilateral knee tendinitis (status post left partial knee replacement), and status post right knee arthroscopy with ex-fix device for various deformity, None of the reports provided mention Tramadol. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided nor are there any examples of ADLs which demonstrate medication efficacy. There is no discussion on side effects or aberrant behavior the patient may have. No validated instruments are used either. There is no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with his prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Tramadol IS NOT medically necessary.

**Retrospective LidAll pain relieving patches 5 per box #5 (DOS 1/19/15):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Indications, Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 57.

**Decision rationale:** The patient was injured on 09/27/07 and presents with neck pain, low back pain, bilateral knee pain, right sided ankle pain, bilateral wrist pain, and bilateral shoulder pain. The retrospective request is for LIDALL PAIN RELIEVING PATCHES 5 PER BOX #5 (DOS 01/19/15). There is no RFA provided and the patient is currently working. The report with the request is not provided and it is unknown when the patient began taking this medication. MTUS Guidelines, Lidoderm (lidocaine patch), page 57 states, Topical lidocaine may be recommended for a localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants, or an AED such as Gabapentin or Lyrica). MTUS Guidelines, under Lidocaine, page 112 also states, Lidocaine indication: Neuropathic pain,

recommended for localized peripheral pain. ODG Guidelines, Pain (Chronic) Chapter, under Lidoderm (Lidocaine Patch) specifies that the Lidoderm patches are indicated as a trial if there is “evidence of localized pain that is a consistent with a neuropathic etiology.” ODG further requires documentation of the area for treatment, trial of a short-term use with outcome, documenting pain and function. MTUS page 60 required recording of pain and function when medications are used for chronic pain. The patient has spasm/tenderness over the paravertebral musculature, upper trapezium, and interscapular area. He has a painful lumbar spine range of motion, tenderness over the acromio-clavicular joint, a positive impingement sign, a positive Hawkins sign, a positive Yergason test, tenderness over the distal radius and carpus bilaterally, a positive Phalen and reverse Phalen, an antalgic gait, tenderness over the sciatic notch, patellar crepitus with firm compression bilaterally, tenderness along the medial and lateral joint line, a positive McMurray's, and tenderness over the medial/lateral malleolus, anterior talofibular ligament, and peroneal tendons on the right. He is diagnosed with cervical/lumbar spine radiculopathy, bilateral shoulder impingement, bilateral wrist tendinitis, right ankle sprain, bilateral knee tendinitis (status post left partial knee replacement), and status post right knee arthroscopy with ex-fix device for various deformity. None of the reports provided indicate how LidAll patches impacted the patient's pain and function, nor is there any clear indication of when he began using these patches. Furthermore, the patient does not have any documentation of localized neuropathic pain as required by MTUS Guidelines. The requested LidAll patch IS NOT medically necessary.

**Retrospective Menthoderm gel (DOS 1/19/15):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The patient was injured on 09/27/07 and presents with neck pain, low back pain, bilateral knee pain, right sided ankle pain, bilateral wrist pain, and bilateral shoulder pain. The retrospective request is for MENTHODERM GEL (DOS 01/19/15). There is no RFA provided and the patient is currently working. The report with the request is not provided and it is unknown when the patient began using this topical gel. MTUS Guidelines, Topical Analgesics NSAIDs, page 111 states that topical NSAIDs are supported for peripheral joint arthritis/tendinitis type of problems, mostly for short term. Regarding topical NSAIDs MTUS also states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." The patient has spasm/tenderness over the paravertebral musculature, upper trapezium, and interscapular area. He has a painful lumbar spine range of motion, tenderness over the acromio- clavicular joint, a positive impingement sign, a positive Hawkins sign, a positive Yergason test, tenderness over the distal radius and carpus bilaterally, a positive Phalen and reverse Phalen, an antalgic gait, tenderness over the sciatic notch, patellar crepitus with firm compression bilaterally, tenderness along the medial and lateral joint line, a positive

McMurray's, and tenderness over the medial/lateral malleolus, anterior talofibular ligament, and peroneal tendons on the right. He is diagnosed with cervical/lumbar spine radiculopathy, bilateral shoulder impingement, bilateral wrist tendinitis, right ankle sprain, bilateral knee tendinitis (status post left partial knee replacement), and status post right knee arthroscopy with ex-fix device for various deformity, None of the reports provided mention Menthoderm. MTUS page 60 requires documentation of pain function when medications are used for chronic pain. Due to lack of documentation, the requested Menthoderm Gel IS NOT medically necessary.

**Retrospective Tramadol ER 150mg #60 (DOS 1/19/15):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids Page(s): 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** The patient was injured on 09/27/07 and presents with neck pain, low back pain, bilateral knee pain, right sided ankle pain, bilateral wrist pain, and bilateral shoulder pain. The retrospective request is for TRAMADOL ER 150 MG #60 (DOS 01/19/15). There is no RFA provided and the patient is currently working. The report with the request is not provided and it is unknown when the patient began taking this medication. Progress reports are provided from 08/11/14 to 03/02/15. MTUS Guidelines pages 88 and 89 under Criteria for Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids, Therapeutic Trial of Opioids, also requires documentation of the 4As, analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Guidelines, under Opioids For Chronic Pain, pages 80 and 81 state the following regarding chronic low back pain: Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer). However, this patient does not present with pain that is "presumed to be maintained by continual injury." The patient is diagnosed with cervical/lumbar spine radiculopathy, bilateral shoulder impingement, bilateral wrist tendinitis, right ankle sprain, bilateral knee tendinitis (status post left partial knee replacement), and status post right knee arthroscopy with ex-fix device for various deformity, None of the reports provided mention Tramadol. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided nor are there any examples of ADLs which demonstrate medication efficacy. There is no discussion on side effects or aberrant behavior the patient may have. No validated instruments are used either. There is no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with his prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Tramadol IS NOT medically necessary.