

Case Number:	CM15-0136936		
Date Assigned:	07/21/2015	Date of Injury:	01/29/2004
Decision Date:	08/19/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/15/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 55-year-old male who sustained an industrial injury on 1/29/04. Injury occurred when he was moving a roll of paper on a dolly. Past surgical history was positive for left total knee replacement on 2/10/14, and subsequent manipulation 8/4/14. Records documented left knee range of motion was -12 to 94 degrees on 5/27/14, -11 to 94 degrees on 8/29/14, -3 to 98 degrees on 1/12/15, 0 to 108 degrees on 3/18/15, and 3 to 90 degrees on 4/28/15. The progress reports from 12/30/14 through 4/28/15 documented medications to include Mobic and Prilosec. The 5/13/15 orthopedic report cited constant left knee pain. The lower extremity knee was also to bend fully to 100 degrees but now only able to bend to 90 degrees. The injured worker reported right medial knee pain and inability to fully bend it. The treatment plan recommended left knee arthroscopy with manipulation under anesthesia. The 6/3/15 treating physician report cited left knee pain and limited range of motion with difficulty standing and walking. The injured worker was also experiencing more frequent low back pain radiating to the bilateral lower extremities for the past several weeks. Physical exam documented tenderness to palpation over the surgical site, left knee range of motion 5 to 85 degrees with grade 4/5 flexion and extension. The treatment plan recommended discontinuation of Mobic and initiation of Norco 5/325 mg and Fexmid 7.5 mg. Authorization was requested for left knee arthroscopy with manipulation under general anesthesia; Norco 5/325 mg; Fexmid 7.5 mg. The 7/2/15 utilization review non-certified the request for right knee arthroscopy with manipulation under anesthesia as the injured worker had already undergone manipulation under anesthesia more than 6 months after the index surgery that failed. A repeat procedure was not likely to change the injured

worker's range of motion. The request for Norco 5/325 mg #60 was modified to #20 for weaning purposes as there was no support of the chronic use of narcotics for knee pain. The request for Fexmid 7.5 #60 was modified to #10 as the injured worker had already been on this medication longer than recommended and to allow weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy with manipulation under anesthesia: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

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: Manipulation under anesthesia (MUA).

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guideline criteria have been met for the use of Norco. This injured worker presents with increased left knee pain and dysfunction, and a recent flare-up increase in chronic low back radicular pain. Records indicated that Norco had not been prescribed since at least December 2014. Non-steroidal anti-inflammatory drugs had been tried but failed to relieve the symptoms of this flare-up. Given the reported flare-up, the use of Norco is reasonable. Therefore, this request is medically necessary.

Norco 5/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, specific drug list Page(s): 76-80, 91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guideline criteria have been met for the use of Norco. This injured worker presents with increased left knee pain and dysfunction, and a recent flare-up increase in chronic low back radicular pain. Records indicated that Norco had not been prescribed since at least December 2014. Non-steroidal anti-inflammatory drugs had been tried but failed to relieve the symptoms of this flare-up. Given the reported flare-up, the use of Norco is reasonable. Therefore, this request is medically necessary.

Fexmid 7.5 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: The California MTUS guidelines recommend the use of cyclobenzaprine (Fexmid) with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic lower back pain. Treatment should be brief. This medication is not recommended to be used for longer than 2 to 3 weeks. Guideline criteria have not been met. Records indicated that Norco was also prescribed for the flare-up of lower back pain. There was no current documentation of muscle spasms, or indication that the prescription of Norco would be ineffective in reducing the pain elevation. The 7/2/15 utilization review modified this request for Fexmid 7.5 mg#60 to #10. There is no compelling rationale to support the medical necessity of additional medication at this time. Therefore, this request is not medically necessary.