

<b>Case Number:</b>	CM15-0139580		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	04/06/2014
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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, 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 female who sustained an industrial injury on 4.6.14 when a dog leash was wrapped around her right ankle and foot and the dog started to run causing the leash to pull her right lower extremity causing her to fall onto her knees. She experienced immediate right knee pain. She gradually developed low back and left knee pain. She was medically evaluated and diagnosed with right knee strain and internal derangement. X-rays of the right knee (5.2.14) were normal. She currently complains of right knee pain (status post right knee arthroscopy) with a pain level of 6 out of 10. On physical exam there was pain and swelling at the patellar tendon; spasm of right calf musculature. Medications do facilitate maintenance of activities of daily living. Medications were hydrocodone, tramadol ER, pantoprazole, naproxen, cyclobenzaprine. Diagnoses include status post right knee arthroscopy (12.23.14); patellar tendinitis, right knee. Treatments to date include medications; physical therapy does decrease pain however remains refractory and regards to pain at patellar tendon with swelling. Patellar tendinitis remains refractory to a variety of treatment; lumbar brace; right knee brace; transcutaneous electrical nerve stimulator unit. In the progress note dated 6.15.15 the treating provider's plan of care includes requests for extracorporeal shock wave therapy to treat refractory tendinitis, tendinopathy right knee, five sessions; Norco 10-325 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal shock wave therapy for the right knee (sessions) Qty 5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, Knee & Leg (Acute & Chronic) (ESWT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Extracorporeal shock wave therapy (ESWT).

**Decision rationale:** Regarding the request for ESWT, CA MTUS does not address the issue for the knee. ODG cites that it is under study for patellar tendinopathy and for long-bone hypertrophic nonunions. Within the documentation available for review, there is no evidence of a knee condition for which ESWT is supported. In light of the above issues, the currently requested ESWT is not medically necessary.

**Norco 10/325mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to discontinue opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.