

<b>Case Number:</b>	CM15-0143233		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	01/18/2011
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: New York, Tennessee

Certification(s)/Specialty: Emergency Medicine

### 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 63-year-old male who sustained an industrial injury on 01-18-2011. Diagnoses include status post right TFCC repair and right knee internal derangement, status post arthroscopy. Treatment to date has included medications, physical therapy, knee and wrist surgery and home exercise program. According to the progress notes dated 6-23-2015, the IW reported intermittent right knee pain rated 1 to 2 out of 10; pain increased with stairs. The right wrist was better and asymptomatic at rest. Medications were helpful. There was no physical exam documented. MRI of the right knee on 6-9-2015 showed tricompartmental osteoarthritic changes and an oblique tear of the lateral meniscus and a radial tear of the lateral meniscus. MRI of the right wrist on 6-22-2012 and MR arthrogram of the right wrist on 7-30-2102 revealed triangular fibrocartilage complex (TFCC) tear at the ulnar attachment; and a small subcortical cyst in the distal radius. A request was made for Naproxen 550mg, #90; urine toxicology; range of motion testing for the bilateral knees; follow up visit with the orthopedist and a follow up visit with the orthopedic surgeon to consider surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Naproxen Page(s): 67-68, 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 67-68.

**Decision rationale:** Naproxen is a non-steroidal anti-inflammatory drug (NSAID). Chronic Medical Treatment Guidelines state that "anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted." For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for GI toxicity and renal function have been reported. Medications for chronic pain usually provide temporary relief. Medications should be prescribed only one at a time and should show effect within 1-3 days. Record of pain and function with the medication should be documented. The patient has been using NSAIDs since at least May 2015. There is no documentation of benefit from the medication. The duration of treatment increases the risk of adverse effects with little benefit. The request is not medically necessary.

**Urine toxicology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, urine drug testing.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that urinary drug testing should be used if there are issues of abuse, addiction, or pain control in patients being treated with opioids. ODG criteria for Urinary Drug testing are recommended for patients with chronic opioid use. Patients at low risk for addiction/aberrant behavior should be tested within 6 months of initiation of therapy and yearly thereafter. Those patients with moderate risk for addiction/aberrant behavior should undergo testing 2-3 times/year. Patients with high risk of addiction/aberrant behavior should be tested as often as once per month. In this case the patient is not taking opioid medications. Urine drug testing is not medically necessary. The request is not medically necessary.

**Range of motion testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 13 Knee Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back- Lumbar & Thoracic: Flexibility.

**Decision rationale:** Flexibility is not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. In this case the patient is experiencing right wrist and right knee pain. There is no medical indication for separate range of motion testing. The request is not medically necessary.

**Follow up visit with ortho:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

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

**Decision rationale:** Referral for surgical consultation may be indicated for patients who have activity limitation for more than one month and "failure of exercise programs to increase range of motion and strength of the musculature around the knee." Earlier, emergency consultation is reserved for patients who may require drainage of acute effusions or hematomas. Referral for early repair of ligament or meniscus tears is still a matter for study because many patients can have satisfactory results with physical rehabilitation and avoid surgical risk. In this case there is no documentation that surgery may be indicated. The request is not medically necessary.

**Follow up with orthopedic surgeon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

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

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