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| <b>Case Number:</b>   | CM15-0189003 |                              |            |
| <b>Date Assigned:</b> | 10/01/2015   | <b>Date of Injury:</b>       | 07/03/2013 |
| <b>Decision Date:</b> | 11/16/2015   | <b>UR Denial Date:</b>       | 09/11/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/25/2015 |

### 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 73 year old male who sustained an industrial injury on 7-3-13. Diagnoses are noted as left knee sprain-strain, meniscus tear (left knee), and presence of aortocoronary bypass graft 11-2014. Previous treatment includes medication, home exercise program, transcutaneous electrical nerve stimulation, and MRI-left knee. In a progress report dated 7-31-15, the physician notes complaint of left knee pain described as intermittent, throbbing or aching, and burning sensation with occasional numbness-tingling which is worse with activity. Pain is rated 6 out of 10. He wears a brace. Medication is Tylenol 200mg, Tylenol #3 twice a day as needed for severe pain, Omeprazole 20mg each day as needed, and Lidopro Cream. It is noted that heat therapy, rest, ice, compression, elevation, epsom salt, and home exercise program are helpful for pain control. Work status is to remain off work until 9-6-15. It is reported that left knee surgery is pending, and that he was awaiting cardiology clearance but due to recent coronary artery bypass grafts done 11-2014, he was advised against surgery for re-evaluation of the heart condition. The physician notes he is unable to tolerate non-steroidal anti-inflammatory drugs due to past medical history of a previous myocardial infarction. The requested treatment of a left knee support and Tylenol#3 30-300mg quantity of 60 was denied on 9-11-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee support:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004); 346-347 Brace.

**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 Chapter under Knee Brace.

**Decision rationale:** The 73 year old patient complains of left knee pain, rated at 4-5/10, as per progress report dated 09/02/15. The request is for LEFT KNEE SUPPORT. There is no RFA for this case, and the patient's date of injury is 07/03/13. Diagnoses, as per progress report dated 09/02/15, included knee sprain/strain, knee meniscus tear, h/o MI, and h/o Coronary Artery Bypass Graft. Medications, as per progress report dated 07/31/15, included Tylenol OTC, Tylenol # 3, Omeprazole, and Lidopro cream. Diagnoses, as per progress report dated 04/02/15, included left knee internal derangement, post-traumatic chondromalacia and early osteoarthritis of the left knee. The patient is off work, as per progress report dated 09/02/15. ODG, Knee and Leg Chapter under Knee Brace, does recommend knee brace for the following conditions "knee instability, ligament insufficient, reconstructive ligament, articular defect repair as vascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental OA, or tibial plateau fracture." A review of the available progress reports indicates that the patient was given a knee support during the 09/02/15 visit. The treater does not explain the purpose of the support. The patient does suffer from severe left knee pain. However, there is no documentation of "knee instability, ligament insufficiency, reconstructive ligament, articular defect repair as vascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental OA, or tibial plateau fracture" for which knee brace is recommended by ODG. Hence, the request IS NOT medically necessary.

**Tylenol #3 30/300mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The 73 year old patient complains of left knee pain, rated at 4-5/10, as per progress report dated 09/02/15. The request is for TYLENOL #3 30/300mg #60. There is no RFA for this case, and the patient's date of injury is 07/03/13. Diagnoses, as per progress report dated 09/02/15, included knee sprain/strain, knee meniscus tear, h/o MI, and h/o Coronary Artery Bypass Graft. Medications, as per progress report dated 07/31/15, included Tylenol OTC, Tylenol # 3, Omeprazole, and Lidopro cream. Diagnoses, as per progress report dated 04/02/15, included left knee internal derangement, post-traumatic chondromalacia and early osteoarthritis of the left knee. The patient is off work, as per progress report dated 09/02/15. MTUS,

CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 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, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In this case, a prescription for Tylenol # 3 is first noted in progress report dated 03/11/15. It is not clear when opioid therapy was initiated. As per progress report dated 09/02/15, medications help with pain. There are no side effects. In progress report dated 07/31/15, the treater states that the patient needs Tylenol # 3 for severe knee pain, as he is "unable to tolerate NSAIDs due to PMH of MI x 6." The treater, however, does not discuss the efficacy of Tylenol # 3. The treater does not document specific change in pain scale due to opioid use nor does the treater indicate objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. MTUS requires specific examples that indicate an improvement in function and states "function should include social, physical, psychological, daily and work activities." No UDS or CURES reports available for review to address aberrant behavior. In this case, treater has not addressed the 4A's adequately to warrant continued use of this medication. Hence, the request IS NOT medically necessary.