

<b>Case Number:</b>	CM15-0193413		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	08/29/1995
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 is a 56 year old male who sustained an industrial injury on August 29, 1995. A recent secondary treating office visit dated August 24, 2015 reported subjective complaint of "right knee pain." He reports being status post left foot surgery around 1996 and now the right knee is pained due to compensatory limping. The pain is noted as constant, throbbing and at times sharp pain. He states taking the following: Hydrocodone, and Acetaminophen, Celebrex, Tizanidine. He noted having had prior injections and total of three knee surgeries all with "good relief." Previous treatment to involve: activity modifications, medications, NSAIDs, physical therapy, knee injections and surgical interventions. The plan of care is noted with recommendation for: continuing Celebrex, Tizanidine and increase Norco to 10mg 325mg; continue with work, urine drug screening and right knee brace. Pain follow up dated March 24, 2015 reported current medication regimen consisting of: Celebrex, hydrocodone and acetaminophen, and Tizanidine. The assessment found the worker with: chronic pain syndrome, drug dependence, Opioid, unspecified, and encounter for an unspecified procedures and aftercare; other specified procedures and aftercare for therapeutic drug monitoring. Primary follow up dated June 29, 2015 reported subjective complaint of right knee stable; still occasionally with "popping." There is note of increased swelling with increased work duties. The following were noted prescribed this visit: Celebrex, Norco 10mg 325 mg, and Tizanidine. On August 27, 2015 a request was made for Celebrex, Tizanidine, Norco, and right knee brace that were noted with modification for the Celebrex and the others were noncertified by Utilization Review on September 03, 2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tizanidine 4mg #30 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnosis is right knee DJD. Date of injury is October 29, 1995. Request for authorization is August 27, 2015. According to a June 29, 2015 progress note, the treating provider prescribed Celebrex, Norco and tizanidine. This is the earliest progress note and not the start dates. The start dates for these medications are not specified. The documentation indicates the right knee is stable, although the injured worker still has pain and popping. A urine drug screen was performed June 29, 2015 that was negative for all medications (declared current medications included Norco and Celebrex). There was no clinical discussion in the medical record regarding the inconsistency. According to the most recent progress note dated August 24, 2015, subjective complaints include right knee pain that radiates down the leg. Pain score is 5/10. Objectively, there is decreased range of motion with tenderness to palpation. There is palpable spasm with multiple scars. The injured worker wears a soft knee brace. There is no documentation of instability on physical examination. There is no documentation in the medical record of acute low back pain or an acute exacerbation of chronic low back pain. The utilization review indicates the injured worker was prescribed tizanidine in excess of one year. The guidelines recommend short-term (less than two weeks). Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of acute low back pain or an acute exacerbation of chronic low back pain and continued treatment in excess of the recommended guidelines for short-term use (in excess of one year), Tizanidine 4mg #30 is not medically necessary.

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, dosing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnosis is right knee DJD. Date of injury is October 29, 1995. Request for authorization is August 27, 2015. According to a June 29, 2015 progress note, the treating provider prescribed Celebrex, Norco and tizanidine. This is the earliest progress note and not the start dates. The start dates for these medications are not specified. The documentation indicates the right knee is stable, although the injured worker still has pain and popping. A urine drug screen was performed June 29, 2015 that was negative for all medications (declared current medications included Norco and Celebrex). There was no clinical discussion in the medical record regarding the inconsistency. According to the most recent progress note dated August 24, 2015, subjective complaints include right knee pain that radiates down the leg. Pain score is 5/10. Objectively, there is decreased range of motion with tenderness to palpation. There is palpable spasm with multiple scars. The injured worker wears a soft knee brace. There is no documentation of instability on physical examination. There are no detailed pain assessments. There are no risk assessments in the medical record. There is no documentation demonstrating objective functional improvement. Subjectively, the pain score remains elevated at 5/10. The urine drug screen was inconsistent and negative for Norco performed June 29, 2015. The treating provider did not address the inconsistency in the medical record. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no detail pain assessments or risk assessments, and inconsistent urine drug screen from June 29, 2015 and no documentation demonstrating objective functional improvement, Norco 10/325 mg #120 is not medically necessary.

**Custom right knee brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Braces.

**Decision rationale:** Pursuant to the Official Disability Guidelines, custom right knee brace is not medically necessary. Knee braces have specific recommendations. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear or MCL instability, but in some patients and the Braces can increase confidence which may

indirectly help with the healing process. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. The criteria for use of knee braces are broken down into prefabricated knee braces and custom fabricated knee braces. See the guidelines for additional details. In this case, the injured worker's working diagnosis is right knee DJD. Date of injury is October 29, 1995. Request for authorization is August 27, 2015. According to a June 29, 2015 progress note, the treating provider prescribed Celebrex, Norco and tizanidine. This is the earliest progress note and not the start dates. The start dates for these medications are not specified. The documentation indicates the right knee is stable, although the injured worker still has pain and popping. A urine drug screen was performed June 29, 2015 that was negative for all medications (declared current medications included Norco and Celebrex). There was no clinical discussion in the medical record regarding the inconsistency. According to the most recent progress note dated August 24, 2015, subjective complaints include right knee pain that radiates down the leg. Pain score is 5/10. Objectively, there is decreased range of motion with tenderness to palpation. There is palpable spasm with multiple scars. The injured worker wears a soft knee brace. There is no documentation of knee instability on physical examination. There is no clinical indication or rationale for a custom right knee brace. The documentation indicates the injured worker has an antalgic gait on the right and wears a soft knee brace. The injured worker walks for prolonged periods. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no objective documentation indicating the injured worker has instability or an unstable right knee and no clinical indication or rationale for a custom right knee brace, custom right knee brace is not medically necessary.