

<b>Case Number:</b>	CM15-0202975		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	07/07/2008
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: 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 48 year old male, who sustained an industrial injury on 7-07-2008. The injured worker was diagnosed as having internal derangement of the right knee, status post meniscectomy, internal derangement to the left knee, status post retinacular release, internal derangement of the right knee and ankle, and discogenic lumbar condition with radicular component down the lower extremities. Treatment to date has included diagnostics, bilateral knee surgeries, transcutaneous electrical nerve stimulation unit, and medications. Currently (9-29-2015), the injured worker complains of ankle pain with prolonged standing and walking, occasionally giving out on him. He needs replacement of ankle brace today. He also reported instability in the bilateral knees, right greater than left, and his unloading braces no longer fit due to weight gain. He also complained of low back pain, spasm, and stiffness. Pain was not rated. Psyche complaints included "feeling somewhat depressed" and "not sleeping well". He reported taking medication to be "functional" but had not noticed much improvement in his symptoms. He was previously seen by another physician (pain management), noting a request for an injection, which had not yet been approved. He was currently not working. Function with activities of daily living was not described. Objective findings included tenderness across the lumbar paraspinal muscles, pain along the right anterior talofibular ligament as well as instability, with 1+ anterior drawer test bilaterally. He had tenderness along the medial greater than lateral joint line, along with extension at 170 degrees bilaterally and flexion at 123 degrees bilaterally. The use of Norco and Flexeril was noted since at least 5-2015. The progress report dated 7-30-2015 noted that urine screening in April 2015 showed evidence of Pravachol and

Norco, not specifying consistency versus inconsistency. Complaints of depression were not documented on 5-11-2015 or 7-30-2015, but the use of Effexor and Trazodone was referenced. On 10-07-2015, Utilization Review modified a request for Norco 10-325mg #160 to Norco 10-325mg #60 and modified a request for Flexeril 10mg #60 to Flexeril 10mg #20, also noting non-certifications for an ankle brace, consultation for referral for injection, and consultation for referral for psychiatry.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Norco 10/325mg #160: Upheld**

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

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

**Decision rationale:** With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. Furthermore, on page 88 of the CPMTG, there is a recommendation in long term opioid use of the following: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." Given this, the medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.

#### **Flexeril 10mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs), Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Pain Procedure Summary Online Version last updated 09/08/2015.

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

**Decision rationale:** Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. The use of this has been for at least a four month period from May to September 2015 (in which a progress note dated 9/29/2015 listed Flexeril as part of the treatment plan). Given this, the current request is not medically necessary.

**Ankle 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)-TWC Ankle & Foot Procedure Summary Online Version last updated 03/26/2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Bracing/Immobilization.

**Decision rationale:** With regard to the request for a replacement ankle brace, the CA MTUS do not have detailed guidelines on ankle bracing. Instead, the ODG, Ankle & Foot Chapter is referenced which state the following regarding Bracing/Immobilization: "Not recommended in the absence of a clearly unstable joint. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. Partial weight bearing as tolerated is recommended. However, for patients with a clearly unstable joint, immobilization may be necessary for 4 to 6 weeks, with active and/or passive therapy to achieve optimal function. (Kerkhoffs-Cochrane, 2002) (Shrier, 1995) (Colorado, 2001) (Aetna, 2004)" In this case, the request is actually for a replacement brace. This requires that there be information justifying the continued use of bracing (ie, documentation of ankle instability) and also specification for why a replacement brace is warranted. In this case, there is a statement from a note dated 9/29/15 that the patient has gained a significant amount of weight and the knee unloader brace does not fit. However, it is not clear that the ankle brace does not fit or whether it is worn out. Given this lack of clarity, this request is not medically necessary.

**Consultation referral for injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 15: Stress-Related Conditions Online Version: Treatment, Official Disability Guidelines (ODG)-TWC Pain Procedure Summary Online Version last updated 09/08/2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, (2004), Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** With regard to the request for specialty consultation, the CA MTUS does not directly address specialty consultation. The ACOEM Practice Guidelines Chapter 7 recommend expert consultation when the plan or course of care may benefit from additional expertise. Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. However, in this case, the submitted documentation fail to elucidate the specifics of what type of injection is request. A progress note dated 9/29/15 indicates that the worker has already seen another doctor who requested an injection. The notes of the consulting doctor were not included to provide rationale for a particular type of injection. Given the lack of documentation, this request is not medically necessary.

**Consultation referral to psychiatry:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 15: Stress-Related Conditions Online Version: Treatment and Official Disability Guidelines (ODG)-TWC Pain Procedure Summary Online Version last updated 09/08/2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, (2004), Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** With regard to the request for specialty consultation and treatment, the CA MTUS does not directly address specialty consultation. The ACOEM Practice Guidelines Chapter 7 recommend expert consultation when the plan or course of care may benefit from additional expertise. Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. Within the submitted documentation, a progress note on date of service 9/29/15 indicates that the patient has depression and insomnia secondary to chronic pain. It is appropriate to seek additional psychiatric consultation given the chronicity of this worker's pain syndrome. Given this, this request is medically necessary.