

Case Number:	CM15-0020875		
Date Assigned:	02/10/2015	Date of Injury:	08/19/2003
Decision Date:	04/01/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/04/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52-year-old male sustained an industrial injury on 8/19/03. Orders for various medications and services were noted in the case file. Past surgical history was positive for right knee surgery in 2004. The 1/13/14 left knee x-rays revealed mild to moderate degenerative joint disease. The 12/9/14 left knee MRI impression documented a tear of the anterior horn of the lateral meniscus without significant change since the prior study on 4/20/09. There was stable appearance of the posterior horn of the medial meniscus consistent with meniscectomy. There was chondromalacia patella, new since the prior study. There was edema of the anterior cruciate ligament without visible tear. The 12/9/14 treating physician report indicated that the patient was continuing to work as a delivery person, lifting up to 50 pounds. The right knee was reported to be more symptomatic than the left knee. Conservative treatment included multiple right knee injections, and the use of a custom brace. Physical exam documented bilateral medial and lateral tenderness, 110 degrees of left knee motion, and no instability. On 1/5/15, utilization review non-certified the request for Terocin patches #30 (based on MTUS Chronic Pain Treatment guidelines), Left knee arthroscopy and lateral meniscectomy (MTUS, ACOEM and ODG guidelines), LidoPro topical ointment #1, Tramadol ER 150mg #60 (based on MTUS Chronic Pain Treatment guidelines). On 1/5/15, utilization review partially-certified the request for X-ray of the right and left knees--modified to standing x-ray of right knee (based on MTUS, ACOEM and ODG guidelines) and Vicodin 5/300mg #60--modified to Vicodin 5/300mg #37 (based on MTUS Chronic Pain Treatment guidelines).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy and lateral meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344; 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic) Indication for Surgery - Meniscectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Meniscectomy.

Decision rationale: The California MTUS guidelines state that surgical consideration 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. Guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. The Official Disability Guidelines criteria for meniscectomy include conservative care (exercise/physical therapy and medication or activity modification) plus at least two subjective clinical findings (joint pain, swelling, feeling or giving way, or locking, clicking or popping), plus at least two objective clinical findings (positive McMurray's, joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping), plus evidence of a meniscal tear on MRI. Guideline criteria have not been met. The patient presents with right greater than left knee pain. A significant functional deficit is not documented, the patient was reported as working. There was no indication of mechanical left knee symptoms. Clinical exam was fairly benign with no strong meniscal findings documented. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, for the left knee, and failure has not been submitted. Therefore, this request is not medically necessary at this time.

X-ray of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Radiography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Radiography (x-rays).

Decision rationale: The California MTUS do not recommend routine radiographs for most knee complaints or injuries. Plain-films are recommended for suspected red flags. The Official Disability Guidelines recommend x-rays when indications are met. Criteria include acute trauma to the knee with focal tenderness, effusion, inability to bear wear or walk, and/or suspected

patellar dislocation. Criteria support initial x-ray studies for adults with non-traumatic non-patellofemoral or patellofemoral symptoms, or non-localized pain. Guideline criteria have not been met. The patient had left knee x-rays performed on 1/13/14 and an MRI performed on 12/9/14. There is no compelling rationale to support the medical necessity of additional radiographs at this time. Therefore, this request is not medically necessary.

X-ray of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Radiography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Radiography (x-rays).

Decision rationale: The California MTUS do not recommend routine radiographs for most knee complaints or injuries. Plain-films are recommended for suspected red flags. The Official Disability Guidelines recommend x-rays when indications are met. Criteria include acute trauma to the knee with focal tenderness, effusion, inability to bear wear or walk, and/or suspected patellar dislocation. Criteria support initial x-ray studies for adults with non-traumatic non-patellofemoral or patellofemoral symptoms, or non-localized pain. Guideline criteria have not been met. The 1/5/15 utilization review modified the request for right knee x-ray to standing x-ray of right knee. There is no compelling rationale to support the medical necessity of additional radiographs at this time. Therefore, this request is not medically necessary.

Terocin patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Terocin Patches; Lidocaine Topical; Capsaicin, Topical; Salicylate Topical; Menthol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The California MTUS does not provide specific recommendations for Terocin patches. Terocin patches include capsaicin, lidocaine, menthol, and methyl salicylate. Lidocaine patches are recommended for localized peripheral pain after a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Capsaicin is supported as an option in patients who have not responded or are intolerant to other treatments. Guideline criteria have not been met for continued use of this medication. There is no evidence of neuropathic pain. There is no current pain assessment indicating the level of pain or what benefit has been achieved with the use of this medication. There is no current functional assessment or documentation of objective functional benefit with use of this medication. There is no clinical evidence that the patient has failed first-line neuropathic treatment, or has not responded to or is intolerant of other treatments. Therefore, this request is not medically necessary.

Vicodin 5/300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone / Acetaminophen; Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/acetaminophen Page(s): Opioids, criteria for use, Hydrocodone/acetaminophen.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of hydrocodone/acetaminophen (Vicodin) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. Guideline criteria have not been met for on-going use of Norco in the absence of guideline required documentation. The use of this medication has been documented since at least 9/25/13, with documentation of objective evidence of pain and functional improvement at that time. There is no current documentation of reduced pain, increased function, or improved quality of life relative to medication use. The 1/5/15 utilization review modified a request for Vicodin 5/300 mg #60 to Vicodin 5/300 mg #37. There is no compelling reason to support the medical necessity of additional medication in the absence of functional improvement. Therefore, this request is not medically necessary.

LidoPro topical ointment #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Topical; Capsaicin, Topical; Salicylate Topicals; Menthol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The California MTUS guidelines state that if any compounded product contains at least one drug (or drug class) that is not recommended, then the compounded product is not recommended. LidoPro is a topical analgesic that combines Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and Methyl Salicylate 27.5%. Capsaicin 0.0325% is not recommended as there are no current indication that an increase over a 0.025% formulation would provide any further efficacy. Topical lidocaine is not recommended for non-neuropathic pain and only Lidocaine in the dermal patch formulation is recommended for neuropathic pain. Guidelines recommend the use of topical salicylates for osteoarthritis and tendinitis, particularly at the knee or other joints, for short-term use of 4 to 12 weeks. Guideline criteria have not been met. Guidelines do not support the use of capsaicin in a 0.0325% formulation and do not recommend

Lidocaine for non-neuropathic pain. Lacking guideline support for all of the compound components, this request is not medically necessary.

Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Tramadol Page(s): 76-80, 93-94, 113.

Decision rationale: The California MTUS indicate that opioids such as Tramadol, are recommended for moderate to moderately severe pain. Tramadol is an opioid analgesic and is not recommended as a first line oral analgesic. If used on a long-term basis, the criteria for use of opioids should be followed. On-going management requires prescriptions from a single practitioner taken as directed, all prescriptions from a single pharmacy, review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have not been met. Records suggest that this is the initial use of Tramadol, with continued use of Vicodin recommended. There is no documentation of a current pain or functional assessment. There is no documented rationale or compelling reason for the addition of a second opioid-type medication. Therefore, this request is not medically necessary.