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| <b>Case Number:</b>   | CM15-0026872 |                              |            |
| <b>Date Assigned:</b> | 02/19/2015   | <b>Date of Injury:</b>       | 09/09/2012 |
| <b>Decision Date:</b> | 04/21/2015   | <b>UR Denial Date:</b>       | 01/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/12/2015 |

### 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 52 year old, female patient, who sustained an industrial injury on 09/09/2012. A physicians' progress report dated 01/10/2015, reported the patient following up after undergoing a magnetic resonance imaging of the right knee on 12/22/2014. The patient states she "continues to struggle". She is still having achiness and stiffness, particularly first thing in the morning or after prolonged sitting or standing. The pain typically starts to subside in less than 15 minutes of activity. Physical examination found range of motion of the right knee is approximately 0 to 130 degrees. She has no patella instability or apprehension. She has moderate patellofemoral crepitation; along with medial and lateral joint line tenderness. The plan of care noted pushing forward with visco supplementation injections and first one administered at this visit. Follow up next week for injection #2. A primary treating office visit dated 12/10/2014 reported subjective complaint of right knee pain, sore, achy; along with right arm pain, constant and achy. The following diagnoses are applied; mild degenerative right anterior cruciate ligament; status post right knee arthroscopy; right knee pain; right elbow pain; suspected fracture, right upper extremity parasthesias; right elbow medial and lateral epicondylitis and bilateral carpal tunnel syndrome, minimal wrist right worse than left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Colace 100mg #10:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Opioid-induced constipation treatment.

**Decision rationale:** Based on the 1/9/15 progress report provided by the treating physician, this patient presents with achiness/stiffness in her right knee, especially after prolonged sitting/standing. The treater has asked for COLACE 100MG #10 but the requesting progress report is not included in the provided documentation. The 2/6/15 report, however, does discuss Colace: "our patient will require authorization for a limited supply of narcotic medication stool softener to reduce incidence of constipation." The patient is to undergo a right knee arthroscopy and debridement per 2/6/15 report. The patient is s/p a second orthovisc injection to the right knee, and stated that the first injection caused a 3-day headache and vomiting per 1/16/15 report. The patient is not on any medications other than Ibuprofen per 5/14/14 report. The patient was approved to work with restrictions no lifting over 15 pounds, no walking/standing for prolonged periods, and 50% of the workday sitting per 8/6/14 report, but there is no documentation that she has returned to work per review of reports dated 4/23/14 to 2/6/15. Regarding constipation medication, MTUS recommends as a prophylactic treatment when initiating opioid therapy. Regarding Opioid-induced constipation treatment, ODG recommends that Prophylactic treatment of constipation should be initiated. ODG states: "As first-line treatment, patient should be advised to increase physical activity, maintain appropriate hydration by drinking enough water, and follow a proper diet, rich in fiber. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool." In this case, the patient is not taking any constipation medications, and is not on narcotics currently as of 2/6/15 report. However, the patient will be prescribed a course of opiates for an upcoming knee surgery. MTUS guidelines support laxatives or stool softeners on a prophylactic basis when using opiates. Given the upcoming knee surgery, the treater should be allowed the leeway to prescribe a laxative for initiating opioid therapy to manage post-operative pain. The request IS medically necessary.

**Vitamin C 500mg #60:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Wrist/Hand chapter: Vitamin C.

**Decision rationale:** Based on the 1/9/15 progress report provided by the treating physician, this patient presents with achiness/stiffness in her right knee, especially after prolonged sitting/standing. The treater has asked for VITAMIN C 500MG #60 but the requesting progress report is not included in the provided documentation. The 2/6/15 report, however, does mention Vitamin C: "to promote healing to be taken postoperatively." The patient is to undergo a right knee arthromenisectomy and debridement per 2/6/15 report. The patient is s/p a second orthovisc injection to the right knee, and stated that the first injection caused a 3-day headache and vomiting per 1/16/15 report. The patient was approved to work with restrictions no lifting over 15 pounds, no walking/standing for prolonged periods, and 50% of the workday sitting per 8/6/14 report, but there is no documentation that she has returned to work per review of reports dated 4/23/14 to 2/6/15. Regarding Vitamin C, ODG Knee chapter does not discuss it. ODG Wrist/Hand chapter states the following: "Recommended. A prospective, double-blind study showed that vitamin C was associated with a lower risk of RSD after wrist fractures. (Zollinger, 1999) Vitamin C reduces the prevalence of complex regional pain syndrome after wrist fractures. A daily dose of 500 mg for fifty days is recommended. The prevalence of complex regional pain syndrome was 2.4% in the vitamin C group and 10.1% in the placebo group. (Zollinger, 2007)" In this case, the patient will be undergoing a knee surgery, and the treater has requested Vitamin C for postoperative healing. ODG knee chapter does not directly discuss Vit C, wrist chapters supports its use for fracture healing and to lower the risk of RSD. Given some support for Vit C and its low cost, the request appears reasonable. The request IS medically necessary.