

Case Number:	CM15-0051705		
Date Assigned:	03/25/2015	Date of Injury:	02/19/1998
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/19/2015

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: Family Practice

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 57 year old female, who sustained an industrial injury on 2/19/1998. The initial injury details were not included in the medical records submitted for this review. Diagnoses include status post multiple right knee surgeries with significant residual including un-united fracture fragment, arthritis and loose body, status post lumbar fusion in 2012, lumbar radiculopathy, sacroiliac joint dysfunction, right hip arthritis, and chronic pain. Treatments to date include medication therapy, ice, and a TENS unit. Currently, they complained of continuing low back and right lower extremity pain, as well as tight knee pain. On 3/16/15, the physical examination documented a slow antalgic gait with diffuse tenderness and positive McMurray's maneuver in the right knee. The plan of care included continuation of medication, home exercise and weight loss.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lovera for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Pain and the infrapatellar branch of the

saphenous nerve, Tennent et al. J R Soc Med 1998;91:573-575; Official Disability Guidelines (ODG-TWC), Knee and Leg Procedure summary, Radiofrequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and Other Medical Treatment Guidelines Official Disability Guidelines Chapter: Knee Section: Continuous-Flow Cryotherapy and Radiofrequency Neurotomy.

Decision rationale: It should be noted that the request above is misspelled. The actual request is for iOvera; which is a device currently under study for the treatment of knee pain. The specific clinical trial reference is: www.ClinicalTrials.gov/ct2/show/nct02260921. In the trial the iOvera device is being compared to a sham treatment for knee pain. The results of this trial are not currently available. The iOvera device is unique as it combines cryotherapy and a neurotomy targets to nerve groups that supply sensation to the knee. The MTUS guidelines do not comment on this form of therapy. However, the Official Disability Guidelines do comment on the use of cryotherapy and neurotomy for knee complaints. Regarding cryotherapy, the Official Disability Guidelines list it as a recommended treatment option after surgery, but not for nonsurgical treatment. Regarding radiofrequency neurotomy, the Official Disability Guidelines list it as not recommended until higher quality studies with longer follow-up periods are available, to demonstrate the efficacy of radiofrequency genicular neurotomy but also to track any long-term adverse effects. In summary, the iOvera device is currently under investigation as a potential therapy for patients with knee complaints. The results of the study are not complete and iOvera should be considered as investigational therapy. The Official Disability Guidelines that pertain to the use of cryotherapy and neurotomy for knee complaints are not supportive of its use. Therefore, iOvera for the right knee is not considered as medically necessary.

Retrospective (DOS: 09/05/14 and 11/18/14) Urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Pain Procedure Summary, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43, 87.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of drug testing. These guidelines state that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. In addition, the guidelines comment on the steps used to avoid misuse/addiction of opioids. These steps include the use of frequent random urine toxicology screens. These MTUS guidelines also comment on the indicators and predictors of possible misuse of controlled substances and/or addiction that serve to warrant the use of urine drug screening. These include: 1) Adverse consequences: (a) Decreased functioning, (b) Observed intoxication, (c) Negative affective state. 2) Impaired control over medication use: (a) Failure to bring in unused medications, (b) Dose escalation without approval of the prescribing doctor, (c) Requests for early prescription refills, (d) Reports of lost or stolen prescriptions, (e) Unscheduled clinic appointments in distress, (f) Frequent visits to the ED, (g) Family reports of overuse of intoxication. In this case, in the office note of

11/18/2014 the treating physician notes that the patient had misplaced her prescription for OxyContin and had engaged in dose escalation of Oxycodone without consent. Under these conditions, the MTUS guidelines support the use of urine drug screening. Therefore, the request for urine drug screening is appropriate and consistent with the above cited MTUS guidelines.