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| <b>Case Number:</b>   | CM15-0058424 |                              |            |
| <b>Date Assigned:</b> | 04/03/2015   | <b>Date of Injury:</b>       | 02/18/2011 |
| <b>Decision Date:</b> | 05/05/2015   | <b>UR Denial Date:</b>       | 02/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/27/2015 |

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of February 16, 2011. In a Utilization Review report dated February 27, 2015, the claims administrator failed to approve requests for Norco and knee MRI imaging. A RFA form of February 20, 2015 was referenced in the determination. On January 14, 2015, the applicant reported ongoing complaints of knee and leg pain, 8/10. The applicant was using medications and an H-Wave device. The applicant's medications included Norco, Protonix, Valium, and Norvasc. The applicant stated that his pain complaints were interfering with sleep, mood, ability to concentrate, work, and interact with others. Multiple palpable tender points were appreciated. Palpable tender points were noted about the cervical spine region, the treating provider reported. The applicant was given a primary operating diagnosis of cervical radiculopathy. Knee MRI imaging was nevertheless endorsed. The applicant was placed off of work, on total temporary disability. The attending provider stated that the applicant had amended his claim to include the right knee. It was stated that the applicant had received a knee brace in the past. The requesting provider was a physician assistant (PA) working out of a physical medicine/pain management clinic, it was stated at the top of the report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging) Right Knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336.

**Decision rationale:** No, the request for knee MRI imaging was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, pages 335 and 336 do acknowledge that MRI imaging can be employed to confirm a variety of diagnoses involving the knee, including meniscal tear, collateral ligament tear, cruciate ligament tear, patellar tendonitis, patellar femoral syndrome, etc., ACOEM qualifies its recommendation by noting that such testing should be performed only if surgery is being considered or contemplated. Here, however, the January 14, 2015 progress note at issue contained only incidental references of the applicant's knee pain complaints. The applicant's primary pain generator on that date was, quite clearly the cervical spine. There was no mention of the applicant's considering or contemplating any kind of surgical intervention involving the knee based on the outcome of the study in question. The requesting provider was a physician assistant (PA) affiliated with a pain management practice, not a knee surgeon, reducing the likelihood of the applicant's acting on the results of the study in question. Therefore, the request was not medically necessary.

**Norco 10/325 Qty 30 No Refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability as of the date of the request, January 14, 2015. The fact that the applicant remained off of work, on total temporary disability, coupled with the fact that the applicant reported difficulty performing activities of daily living as basic as sitting, standing, doing household chores, sleeping, concentrating, interacting with others, etc., did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.

