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| <b>Case Number:</b>   | CM15-0059334 |                              |            |
| <b>Date Assigned:</b> | 04/03/2015   | <b>Date of Injury:</b>       | 02/22/2014 |
| <b>Decision Date:</b> | 05/27/2015   | <b>UR Denial Date:</b>       | 03/18/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/30/2015 |

### 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 47 year old female, who sustained an industrial injury on 02/22/2004. Her mechanism of injury was not included. The diagnoses included unspecified internal derangement of knee. The Qualified Medical Examiner dated 02/11/2015 noted that the injured worker had complaints of pain in both her knees with some popping, clicking and pain with prolonged standing and walking. Treatment to date has included magnetic resonance imaging (MRI) of the left knee in 2012; magnetic resonance imaging (MRI) of the right knee on June 5, 2008; right knee surgery in 2005 and 2008 and left knee surgery; cortisone and hyalgan injections; medial unloading brace; hot and cold wraps; transcutaneous electrical nerve stimulation unit; lidopro lotion and terocin patches for topical relief and nalfon for inflammation. On physical examination there was "quite a bit of instability" noted, a positive anterior drawer sign on the right at 2+ and on the left at 1+. Previous reports have not included documentation of instability. Range of motion was measured at 10 degrees of fixed flexion to 95 degrees on the right and to 110 degrees on the left. A positive McMurray's sign was noted bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Defiance Brace Molded Plastic, Lower Knee Addition and Upper Knee Addition, Bilateral Knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

**Decision rationale:** ACOEM Guidelines indicate functional bracing as optional as part of a rehabilitation program. There was a lack of documentation of the injured worker participating in a recent rehabilitation program. The Official Disability Guidelines state that custom fabricated knee braces may be appropriate for patients with the following conditions which may preclude the use of prefabricated model: abnormal limb contour; skin changes; severe osteoarthritis, maximal offloading of painful or repaired knee compartment; severe instability as noted on physical examination of the knee. The brace being requested is indicated to be a lightweight brace that provides durable support for moderate to severe ACL, PCL, MCL, and LCL instabilities. The brace is recommended for high collision sports (as indicated on the manufacturer's website). There was a lack of documentation of abnormal limb contouring or skin changes or severe osteoarthritis. There was also a lack of documentation regarding maximal offloading of painful or repaired knee compartment, or severe instability as noted on physical examination of the knee. It is documented, however, the injured worker has access to hinged knee braces which are not effective. The documentation in the treatment plan indicated she still had quite a bit of instability. However, there was a lack of documentation on physical exam that she had instability in her knees. As there is a lack of documentation of abnormal limb contour, skin changes, severe osteoarthritis, maximal offloading of painful and repaired knee compartments, or severe instability as noted on physical examination of the knee, the request for Defiance Brace Molded Plastic, lower knee addition and upper knee addition, bilateral knees, is not medically necessary.

**MRI without contrast of the Bilateral Knees:** 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).

**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, MRIs (magnetic resonance imaging).

**Decision rationale:** The ACOEM Guidelines indicate MRI studies for ligament collateral tears are not recommended. The Official Disability Guidelines state in a case series, in more than half of patients who had an MRI at the request of their referring physician, the MRI was not necessary. MRI was considered unnecessary if: X-rays alone could establish the diagnosis, patellofemoral pain with a normal ligamentous and meniscal exam, the knee pain resolved before seeing an orthopedic surgeon, or the MRI findings had no effect on treatment outcome. MRI studies were deemed necessary if they were indicated by history and/or physical examination to assess for meniscal, ligamentous, or osteochondral injury or osteonecrosis, or if the patient had

an unexpected finding that affected treatment. Post-surgical if need to assess knee cartilage repair tissue. Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. There was a lack of documentation regarding new injuries or red flags to justify the repeat MRI. Therefore, the request for MRI without contrast of the bilateral knees is not medically necessary.

**Hyalgan injections for the Knees Bilaterally with a series of five injections: 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) 13th Edition, Treatment section of the knee.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Hyaluronic acid injections.

**Decision rationale:** The Official Disability Guidelines state repeat series of injections need to include significant improvement in symptoms for 6 months or more, and if symptoms recur, it may be reasonable to do another series. There was a lack of documentation regarding the efficacy of the injections the injured worker has had in the past. The documentation indicated the injured worker had some improvement. However, the documentation fails to indicate an improvement in symptoms for 6 months or more. Therefore, the request for a series of 5 Hyalgan injections for the knees bilaterally is not medically necessary.

**Protonix 20mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-69.

**Decision rationale:** The California MTUS Guidelines state that an injured worker should be assessed to determine if they are at risk for gastrointestinal events. The criteria includes an age of greater than 65 years, a history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, or high dose NSAIDs or multiple NSAIDs. The injured worker does not have a documented history of peptic ulcer, GI bleeding or perforation, or documented use of aspirin, corticosteroids, and anticoagulants. She is also not 65 years old. The request does not include dosing instructions. Therefore, the request for Protonix 20 mg #60 is not medically necessary.

**Lidopro Lotion 4 ounces: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

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

**Decision rationale:** The California MTUS Guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. LidoPro contains capsaicin, and capsaicin is recommended only as an option in patients who have not responded, or are intolerant, to other treatments. It also contains lidocaine, and lidocaine is only approved for topical application in the form a Lidoderm patch. No other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. The request does not include dosing, placement instructions. As LidoPro lotion contains 2 medications that are not recommended, and there is a lack of documentation regarding an unresponsiveness or intolerance to other medications, the request for LidoPro lotion 4 oz is not medically necessary.

**Terocin Patches, #20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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

**Decision rationale:** The California MTUS Guidelines state any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. The guidelines indicate that capsaicin, which is included in Terocin patches, is recommended only as an option in patients who have responded, or are intolerant, to other treatments. There was a lack of documentation indicating the injured worker had not responded or was intolerant to other treatments. The request does not include dosing or placement instructions. The request for Terocin patches #20 is not medically necessary.

**Tramadol ER 150mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** The California MTUS Guidelines state there are 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. Those domains include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. There was a lack of documentation regarding a proper pain assessment, side effects the injured worker may have experienced with this medication, objective functional improvement with activities of daily living, or current urine drug screen. This medication is recommended to be weaned. The request does not include dosing instructions. The request for tramadol ER 150 mg #30 is not medically necessary.

