

Case Number:	CM14-0112971		
Date Assigned:	08/01/2014	Date of Injury:	09/18/2013
Decision Date:	09/30/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/18/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 43-year-old male patient who reported an industrial injury to the left knee on 9/18/2013, one year ago, attributed to the performance of his customary job tasks. The patient has been treated over the past year for chronic knee pain and chronic shoulder pain. The patient reported improvement to the left shoulder subsequent to the corticosteroid injection along with PT and acupuncture. The pain level to the left knee was 3/10. The objective findings on examination included antalgic gait; tenderness at the left AC joint; reduce left shoulder motion with pain, left patellar and sub patellar knee tenderness, left knee crepitus, left knee flexion was 120, motor testing was 4+/5 at the hit flexors, knee flexors, and knee extension. The diagnoses were left shoulder sprain/strain; status post arthroscopy left knee with date surgery 3/21/2014; and left inguinal pain with a history of hernia. The treatment plan included Norco, additional physical therapy, and MRI of the left knee, and a MRA of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-97. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM), 2nd Edition, (2004) Official Disability Guidelines (ODG) pain chapter-opioids.

Decision rationale: The prescription for Hydrocodone-APAP (Norco) 10/325 mg #60 refills x1 for short-acting pain is being prescribed as an opioid analgesic for the treatment of chronic pain to the knee and shoulder for the date of injury one year ago. The objective findings on examination do not support the medical necessity for continued opioid analgesics. The patient is being prescribed opioids for chronic knee pain s/p arthroscopy or shoulder pain for impingement, which is inconsistent with the recommendations of the CA MTUS. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. The patient should be titrated down and off the prescribed Hydrocodone. The patient is 12 months s/p DOI with reported continued issues. There is no demonstrated medical necessity for the continuation of opioids for the effects of the industrial injury. The chronic use of Hydrocodone-APAP/Norco is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic knee pain. There is no demonstrated sustained functional improvement from the prescribed opioids. The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is inconsistent with evidence-based guidelines. The prescription of opiates on a continued long-term basis is inconsistent with the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain issues. Evidence-based guidelines necessitate documentation that the patient has signed an appropriate pain contract, functional expectations have been agreed to by the clinician, and the patient, pain medications will be provided by one physician only, and the patient agrees to use only those medications recommended or agreed to by the clinician to support the medical necessity of treatment with opioids. The ACOEM Guidelines updated chapter on chronic pain states, "Opiates for the treatment of mechanical and compressive etiologies: rarely beneficial. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues; such as, tolerance, opioid-induced hyperalgesia, long-range adverse effects, such as, hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect. "ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms; they should be used only if needed for severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, if: The patient has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended or agreed to by the clinician. ACOEM also

notes, "Pain medications are typically not useful in the sub-acute and chronic phases and have been shown to be the most important factor impeding recovery of function." There is no clinical documentation by with objective findings on examination to support the medical necessity of Hydrocodone-APAP for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Hydrocodone-APAP. There is no demonstrated medical necessity for the prescribed Opioids. The continued prescription for Norco 10/325 mg #60 refills x1 is not medically necessary.

1 MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-39.

Decision rationale: There was no rationale provided by the treating physician to support the medical necessity of the MRA of the left knee directed to the diagnosis of s/p arthroscopy. There is no demonstrated medical necessity to evaluate the knee post operatively from a DOS of 3/21/14. The objective findings on examination documented are limited to tenderness. The objective findings on examination fail to document a positive Lachman, pivot shift, or McMurry's test. There are no objective findings of a positive pivot shift test or Lachman's test. The medical necessity of a MRA for this patient was not supported with the objective findings documented on examination. There are no documented objective findings on examination or by x-ray to support the medical necessity of the MRA of the knee post operatively. The findings on physical examination documents only tenderness with no objective findings documented consistent with a tear or of internal derangement. There are no orthopedic testing findings documented to support the medical necessity of a MRA to the knee for the diagnosis of contusion. The objective findings recommended by the CA MTUS, the ACOEM Guidelines 2nd edition and the Official Disability Guidelines for the authorization of an MRA/MRA of the knee were not documented in the available clinical documentation submitted. The ACOEM Guidelines state that reliance on MRAs of the knee for a diagnosis can lead to diagnostic confusion. The Official Disability Guidelines (ODG) states, "That MRA is useful, but should be reserved for situations in which an experienced clinician requires further information before arriving at a diagnosis." The MRA is an adjunct to the objective findings on the physical examination. The objective findings documented by the provider were limited to tenderness. There were no other documented clinical findings such as a specific McMurry's or locking consistent with a meniscus tear or internal derangement. There is no rationale by the provider supported with objective evidence to support the medical necessity for the requested MRA of the left knee. Therefore the request is not medically necessary.

1 MRA of the left knee: 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), Knee and Leg (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 337-39.

Decision rationale: There was no rationale provided by the treating physician to support the medical necessity of the MRA of the left knee directed to the diagnosis of s/p arthroscopy. There is no demonstrated medical necessity to evaluate the knee post operatively from a DOS of 3/21/14. The objective findings on examination documented are limited to tenderness. The objective findings on examination fail to document a positive Lachman, pivot shift, or McMurry's test. There are no objective findings of a positive pivot shift test or Lachman's test. The medical necessity of a MRA for this patient was not supported with the objective findings documented on examination. There are no documented objective findings on examination or by x-ray to support the medical necessity of the MRA of the knee post operatively. The findings on physical examination documents only tenderness with no objective findings documented consistent with a tear or of internal derangement. There are no orthopedic testing findings documented to support the medical necessity of a MRA to the knee for the diagnosis of contusion. The objective findings recommended by the CA MTUS, the ACOEM Guidelines 2nd edition and the Official Disability Guidelines for the authorization of an MRA/MRA of the knee were not documented in the available clinical documentation submitted. The ACOEM Guidelines state that reliance on MRAs of the knee for a diagnosis can lead to diagnostic confusion. The Official Disability Guidelines (ODG) states, "That MRA is useful, but should be reserved for situations in which an experienced clinician requires further information before arriving at a diagnosis." The MRA is an adjunct to the objective findings on the physical examination. The objective findings documented by the provider were limited to tenderness. There were no other documented clinical findings such as a specific McMurry's or locking consistent with a meniscus tear or internal derangement. There is no rationale by the provider supported with objective evidence to support the medical necessity for the requested MRA of the left knee. Therefore the request is not medically necessary.