

<b>Case Number:</b>	CM14-0129042		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	10/19/2011
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Physical Medicine and Rehabilitation 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:

The injured worker is a 43 year old male injured on October 19, 2011 due to falling and twisting bilateral knees. Clinical note dated July 11, 2014, indicate the injured worker complains of right knee pain. Physical exam reveals pain in the right knee. Antalgic gait is noted, extreme pain over the posterior horn of the medial meniscus and blocked tibiofemoral rotation, McMurray's Test is negative, positive patellar compression test, and negative patellar apprehension test. Diagnoses include bilateral knee pain, bilateral knee internal derangement, status post bilateral knee surgery: one on the left and 3 on the right, right knee chondromalacia of the medial compartment, and bilateral knee traumatic synovitis. Ability to perform activities of daily living is limited due to pain. Medications include ibuprofen 600mg, Colace 100mg, Norco 7.5/325mg, and Vitamin C 500mg. Clinical note dated August 2014, indicates the injured worker's pain level in the right knee is 8-9/10 on the visual analog pain scale. The injured worker has undergone physical therapy and unsuccessful epidural steroid injections. MRI of the right knee, dated February 2, 2104, revealed osteochondral defect involving the medial femoral condyle adjacent to the intercondylar notch surrounded by marrow edema and cartilagenous abnormalities were noted that involve the medial femoral condyle articular cartilage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial Lab test panels: Basic Metabolic Panel, Hepatic Function Panel, Creatine Phosphokinase, C-reactive Protein, Arthritis panel, and Complete Blood Count: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Pubmed.com

**Decision rationale:** The Comprehensive Metabolic Panel (CMP) is used as a broad screening tool to evaluate organ function and check for conditions such as diabetes, liver disease, and kidney disease. The CMP may also be ordered to monitor known conditions, such as hypertension, and to monitor people taking specific medications for any kidney- or liver-related side effects. The hepatic function panel is used as a screening tool to evaluate liver function. The CBC is used to evaluate the blood level such as in anemia and is also used as a tool to identify / monitor infection. Arthritis panel and CRP are used for the evaluation of collagen vascular disease and inflammatory disorders. According to the CA MTUS guidelines, package inserts for NSAIDs recommend periodic lab monitoring of with CBC and chemistry profile (including liver and renal function tests). As such a baseline test for CBC, BMP and Liver panel is justified; there is no indication for arthritis panel or CRP, as there is no evidence of any inflammatory or collagen vascular disorders. Therefore, the request is not medically necessary per documentation.

**Quarterly Lab test panels: Basic Metabolic Panel, Hepatic Function Panel, Creatine Phosphokinase, C-reactive Protein, Arthritis panel, and Complete Blood Count: Upheld**

**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 Other Medical Treatment Guideline or Medical Evidence: Pubmed.com

**Decision rationale:** The Comprehensive Metabolic Panel (CMP) is used as a broad screening tool to evaluate organ function and check for conditions such as diabetes, liver disease, and kidney disease. The CMP may also be ordered to monitor known conditions, such as hypertension, and to monitor people taking specific medications for any kidney- or liver-related side effects. The hepatic function panel is used as a screening tool to evaluate liver function. The CBC is used to evaluate the blood level such as in anemia and is also used as a tool to identify / monitor infection. Arthritis panel and CRP are used for the evaluation of collagen vascular disease and inflammatory disorders. According to the CA MTUS guidelines, package inserts for NSAIDs recommend periodic lab monitoring of with CBC and chemistry profile (including liver and renal function tests). In this case, there is no evidence of any chronic disorders of liver or kidney. There is no evidence of anemia or infection. There is no evidence of any inflammatory or collagen vascular disorders. Furthermore, the IW is not taking a specific medication requiring periodic monitoring. Therefore, quarterly lab tests are not medically necessary.

**Toxicology - Urine drug screen initial exam - POC: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), updated 2014, Urine drug testing

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

**Decision rationale:** As per CA MTUS guidelines and ODG, urine drug screening is recommended to assess for the use or the presence of illegal drugs and to monitor compliance with prescribed substances. As per ODG, patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there is no record of previous urine drug tests; the date and result of last drug test is unknown. No addiction or aberrant behavior has been noted. There is no evidence of non-compliance. No specific reason has been mentioned. Thus, the request for urine drug screen is not medically necessary.

**Hinged Warrior knee brace, right knee:** Upheld

**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 (ODG) Knee

**Decision rationale:** Per ODG, Criteria for the use of knee braces: Prefabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability 2. Ligament insufficiency/deficiency, 3. Reconstructed ligament, 4. Articular defect repair 5. Avascular necrosis, 6. Meniscal cartilage repair, 7. Painful failed total knee rthroplasty 8. Painful high tibial osteotomy 9. Painful unicompartmental osteoarthritis 10. Tibial plateau fractureIn this case, the records do not show the above criteria are met. Therefore, the request is not medically necessary.

**Norco 10/325mg #60, refills: 2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Washington State Dept of Labor and Industries, Opioid medications

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

**Decision rationale:** Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily

living, adverse side effects, and aberrant drug-taking behaviors)." The guidelines state continuation of opioids is recommended if the patient has returned to work and if the patient has improved functioning and pain. The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. There is no evidence of return to work. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for Norco has not been established based on guidelines and lack of documentation.

**X-ray tunnel, Sunrise, Weight bearing and lateral, bilateral knees: Upheld**

**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 (ODG) knee

**Decision rationale:** Per OEG, criteria for knee X-rays include: acute trauma with focal tenderness. Effusion or inability to bear weight; non-traumatic non-localized knee pain. In this case, the IW has had MRI of the right knee on February 2, 2104, which was diagnostic of osteochondral defect and cartilogenous abnormalities. There is no documentation of any trauma, injury or new presentation of symptoms following MRI to necessitate X-rays. Furthermore, no specific reason has been mentioned for the request. As such, the request is not medically necessary.

**Office visit follow-up every 45 days, bilateral knees: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** No particular guideline was found for office follow up. Instead similar guidelines were used to address the issue. As per CA MTUS/ACOEM guidelines, "the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Further guidelines indicate consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." In this case, there is no mention of any particular reason for office follow up every 45 days. Furthermore, request for future follow up visit should be based on the medical necessity determined in the office visit. No specific treatment plan has been outlined that would require follow up every 45 days. Indefinite number of follow up visits is not justified. Thus, the request is not considered medically necessary.