

<b>Case Number:</b>	CM14-0135863		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	03/01/2004
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 56-year-old male who reported injury on 03/01/2004. The mechanism of injury was not submitted in the review. The injured worker has diagnoses of discogenic cervical condition with facet inflammation, impingement syndrome of the shoulder on the left, mid back sprain, cubital tunnel syndrome on the left status post transposition, carpal tunnel syndrome bilaterally, internal derangement of the knee on the left side, and wrist pain bilaterally. In 07/2010, the injured worker underwent left shoulder decompression and labral repair. In 11/2009, the injured worker underwent cubital tunnel transposition. In 2007 and 2008, the injured worker underwent radiofrequency ablation, and again in 2012. He also had repeat nerve studies done in 2013 that showed no findings with regard to the ulnar nerve. Past medical treatments consist of surgery, physical therapy, a home exercise program, stretching exercises, and medication therapy. Medications include naproxen, Protonix, and Ultracet. On 08/06/2014, the injured worker complained of neck pain, knee pain, and mid back pain. The physical examination revealed tenderness along the Tinel's of the wrist on the left side. There was tenderness along the facets with facet loading positive. Gross instability along the knee was noted on the left in anterior and posterior pain. The injured worker was weak to resisted function. The treatment plan is for the injured worker to continue the medications and get approval for use of a knee brace and neck pillow. The rationale for the use of a knee brace and neck pillow were not submitted for review. The Request for Authorization form was submitted on 06/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 37.5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram, Ultram ER, generic available in immediate release tablet). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ultracet Page(s): 78, 93-94.

**Decision rationale:** The request for Ultracet is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that for any opioid such as Ultracet, the 4 A's must be followed for ongoing monitoring. These 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial function, 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). Side effects include dizziness, nausea, constipation, headache, somnolence, flushing, pruritus, vomiting, insomnia, dry mouth, and diarrhea. Also, drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control should be in effect. Given the above guidelines, the injured worker is not within the MTUS Guidelines. There were no functional deficits noted in the report on the injured worker's knee, neck, or back. The report also lacked any urinalysis or drug screening showing that the injured worker was compliant with the MTUS Guidelines. The request as submitted also failed to list the frequency and duration of the medication. The submitted report lacked any quantified evidence of the 4 A's to include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. As such, the request for Ultracet is not medically necessary.

**One DonJoy brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

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

**Decision rationale:** The request for 1 Don Joy knee brace is not medically necessary. According to ACOEM, knee braces are optional for all acute, subacute, and chronic knee disorders. Functional bracing is optional as part of a rehabilitation program. A brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. Given the above, the injured worker is not within the ACOEM/MTUS Guidelines. The submitted report

did not indicate patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability. The report also did not indicate that the injured worker was going to be stressing the knee under load, such as climbing ladders or carrying boxes. Furthermore, the request as submitted did not indicate what knee the brace was going to be used on. As such, the request for 1 Don Joy brace is not medically necessary.

**Neck pillow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (acute & chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Pillow.

**Decision rationale:** The request for a neck pillow is not medically necessary. The ODG recommend the use of neck pillows while sleeping, in conjunction with daily exercise. This RCT concluded that subjects with chronic neck pain should be treated by health professionals trained to teach both exercise and the appropriate use of a neck support pillow during sleep: either strategy alone did not give the desired clinical benefit. There was no indication in the submitted report that the injured worker was going to be using the support in conjunction with a daily exercise program. There was also nothing documented in the submitted report indicating a follow-up appointment for the provider to train and teach the injured worker both exercise and appropriate use of the neck support pillow during sleep. As such, the request for a neck pillow is not medically necessary.