

Case Number:	CM14-0166270		
Date Assigned:	10/13/2014	Date of Injury:	10/07/2008
Decision Date:	11/13/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/08/2014

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 Orthopedic Surgery 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 claimant is a 61-year old female with an injury date on 10/07/08. The clinical records provided for review included a recent assessment on 10/15/14 describing reevaluation for bilateral knee and ankle pain. The assessment documented that symptoms continue to persist to the right greater than left knee and bilateral ankles, worse with weight bearing, and that the claimant utilized a cane for assisted ambulation. Physical examination showed zero (0) to 115 degrees range of motion in the left knee with no gross deformity, positive McMurray's testing, positive crepitation, and medial and lateral joint line tenderness. Examination of the right ankle revealed a well-healed surgical incision, no swelling or ecchymosis, and diffuse tenderness to palpation primarily over the deltoid ligament but no instability. The claimant was diagnosed with osteoarthritis of the left knee and right ankle, status post deltoid ligament repair. The treating provider requested authorization to treat the claimant's right knee as an overcompensation injury. She was to continue with a home exercise program for both the left knee and right ankle with medications of Percocet, Restoril and Soma. A left knee intraarticular corticosteroid injection was performed on that date. There was also referral for a series of viscosupplementation injections for the claimant's left knee for the diagnosis of degenerative joint disease. Records do not formally document when claimant's ankle surgery took place, but it appears from the records provided for review that it took place prior to 3/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria for Use, Page(s): 76-80..

Decision rationale: Based on the California MTUS Chronic Pain Guidelines, continued use of Percocet would not be indicated. The medical records document that the claimant is nearly one year following the time of operative intervention of the right ankle for ligament reconstruction and carries a diagnosis of degenerative joint disease of the knee. She is being treated with intraarticular corticosteroid injection and referred for viscosupplementation injections. While the medical records document that pain persists, the ongoing role of short-acting narcotic analgesics for the treatment of degenerative conditions cannot be supported. There is no indication of any acute clinical findings symptom or diagnosis that would support the use of opioid management in this individual. Therefore this request is not medically necessary.

Restoril 30mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Restoril

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter: Insomnia treatment

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the request for Restoril to treat a sleep disorder would not be indicated. Presently, there is no formal documentation that the claimant has a diagnosis of insomnia on a primary basis. Typically, ODG Guideline require a formal diagnosis of insomnia to support short-term use of pharmacological treatment for a less than four (4) week period of time to resolve complaints. There is no documentation of a formal workup in regards to a sleep disorder and the medical records indicate treatment with Restoril has been greater than a four (4) week period of time. Therefore, the continued use of Restoril for this claimant cannot be supported as medically necessary.

Soma 350mg: 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 Soma Page(s): 29..

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines do not support continued use of Soma. The Chronic Pain Guidelines do not recommend Soma for long-

term use. This centrally acting skeletal muscle relaxant would only be indicated as an acute second, line agent for symptomatic flare of musculoskeletal complaints. Its use in the chronic setting, particularly for diagnosis of degenerative joint disease of the knee, would not be indicated as medically necessary.

Additional physical therapy 2x4 to left knee: 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 Physical Medicine, Page(s): 98-99..

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support continued physical medicine treatment to the claimant's knee. Presently the claimant is being treated for degenerative joint disease with injection therapy. There is clear indication that previous physical therapy treatment has been undertaken in 2014. The Chronic Pain Guidelines only support the role of periodic physical therapy in the setting of acute inflammatory process. Without indication of acute physical examination findings and the presence of clear documentation of recent and prior physical therapy to the knee, the additional eight (8) sessions of requested physical therapy would not be supported as medically necessary.