

Case Number:	CM14-0176459		
Date Assigned:	10/29/2014	Date of Injury:	03/31/2009
Decision Date:	12/05/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/24/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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 40 year-old male with a history of a work injury occurring on 03/31/09 with injuries to the right hip, knee, ankle, and both upper extremities. An MRI of the right knee in August 2012 included findings of an anterior cruciate ligament sprain and meniscal tears. EMG/NCS testing in August 2012 showed findings of bilateral cervical radiculopathy and bilateral carpal tunnel syndrome and in December 2012 showed findings of lumbar radiculopathy. An x-ray of the left ankle in February 2014 included findings of a healed ankle fracture. There are urine drug screening results dated 03/04/14 and 06/03/14 showing expected findings. The claimant was seen by the requesting provider on 07/22/14. He was having bilateral knee and ankle pain. He had decided against treatments including surgery, therapy, or injections. He was continuing to be treated with medications. Physical examination findings included a height of 5 feet, 9 inches and weighs 351 pounds which corresponds to a BMI of 51.8 and a diagnosis of morbid obesity. There was decreased knee extension with an antalgic gait and positive right posterior drawer testing. There was medial right knee joint tenderness. Tramadol 50 Mg #90, Naproxen 550 Mg #60, and Omeprazole #30 was refilled. On 09/08/14 an x-ray of the right ankle in August 2014 had shown healing of fractures. He was having ongoing right hip, knee, and ankle pain rated at 1.5-4/10. Physical examination findings included an antalgic gait with right knee joint line tenderness and positive anterior drawer test. Medications were refilled. Authorization for additional testing was ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Neoprene Knee Brace: Overturned

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 braces

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Knee Brace

Decision rationale: The claimant is more than 15 years status post work-related injury and continues to be treated for bilateral knee and ankle pain. Imaging results include findings of a right anterior cruciate ligament sprain and meniscal tears. Although there are no high quality studies that support or refute the benefits of knee braces for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, in some patients a knee brace can increase confidence, which may indirectly help with the healing process. According to the Official Disability Guidelines, in all cases braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. In this case, the claimant has decided against treatments including physical therapy and there is no evidence of an ongoing rehabilitation program. Therefore, the requested neoprene knee brace is not medically necessary.

Outpatient x-ray of the right ankle: 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) Ankle & Foot (Acute & Chronic), Radiography

Decision rationale: The claimant is more than 15 years status post work-related injury and continues to be treated for bilateral knee and ankle pain. He is being treated for chronic ankle pain with a history of fracture and without identified acute injury. Official Disability Guidelines criteria for obtaining an x-ray of the ankle in this clinical scenario would include chronic ankle pain of uncertain etiology where the x-ray requested is the initial study. In this case, the claimant has a history of right lower extremity injuries that explain his symptoms and he would have already had imaging of the right ankle. Therefore, the requested right ankle x-ray is not medically necessary.

Urine toxicology: 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), Urine Drug Screening

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

Decision rationale: The claimant is more than 15 years status post work-related injury and continues to be treated for bilateral knee and ankle pain. Medications include Tramadol being prescribed on a long term basis. Prior urine drug screen testing in in March and June 2014 showed expected results.MTUS Guideline criteria for the frequency of urine drug testing include documented evidence of risk stratification including use of a testing instrument. 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 are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, by physical examination, or on the previous urine drug test results that would be inconsistent with the claimant's prescribed medications. Therefore this request for urine drug screening is not medically necessary.

CBC, CRP, CPK, Chem 7, hepatic and arthritis panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Periodic Lab Monitoring; NSAIDs (non-steroidal anti-inflammatory).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page 54

Decision rationale: The claimant is more than 15 years status post work-related injury and continues to be treated for bilateral knee and ankle pain. In this case, the claimant has no clinical findings that would suggest any adverse effect from the medications being prescribed. There are no quality studies available evaluating the utility of non-specific inflammatory markers for the diagnosis of patients with chronic pain as recommended by the ACOEM Guidelines. Therefore, the requested lab testing is not medically necessary.

Tramadol 50mg #120 with 2 refills: Overturned

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, Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant is more than 15 years status post work-related injury and continues to be treated for bilateral knee and ankle pain. Medications include Tramadol being prescribed on a long term basis. According to the MTUS Guidelines, when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case, the claimant is expected to have somewhat predictable activity related pain (i.e. incident pain) when standing and walking consistent with his history of lower extremity injuries. Tramadol is a short

acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED (Morphine equivalent dose) is less than 120 mg per day consistent with MTUS guideline recommendations. Therefore, the continued prescribing of Tramadol is medically necessary.