

<b>Case Number:</b>	CM14-0087062		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/27/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of July 27, 2012. In a utilization review report dated June 2, 2014, the claims administrator denied a request for Motrin, Tramadol, and Lidoderm patches. The applicant's attorney subsequently appealed. In a handwritten progress note dated January 23, 2014, the applicant reported persistent complaints of knee pain, locking, and clicking with pain appreciated with walking. Some swelling was also noted. The applicant was given a Neoprene knee brace. Orthopedic consultation was sought. Flector patches and tramadol were refilled. There was no explicit discussion of medication efficacy. In a handwritten note dated June 22, 2013, the applicant was asked to continue oral Diclofenac for ongoing complaints of knee pain. The applicant was asked to remain off of work until further noticed. Again, there was no explicit discussion of medication efficacy. In an October 12, 2012 progress note, the applicant was given a knee corticosteroid injection. On March 6, 2013, the applicant was described as frustrated, in significant knee pain, and not improving. Viscosupplementation injections were performed for knee arthritis. The applicant's diabetes, hypertension, and obesity with BMI of 34 were reportedly impeding and delaying her recovery, it was stated. Again, there was no explicit discussion of medication efficacy. On June 11, 2014, the applicant was given work restrictions. The applicant was described as using Diclofenac, tramadol, Motrin, Flector, omeprazole, and Ambien. The applicant exhibited an antalgic gait and was given a primary diagnosis of internal derangement of knee. There was no mention of medication efficacy incorporated into this note, either. On May 14, 2014, the applicant was described as using Enalapril, Humulin, Diclofenac, Tramadol, Motrin, Flector patches, and Omeprazole. Again, the applicant was given work restrictions. The applicant did not appear to be working. There was no discussion of medication efficacy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Page(s): 7 22.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen do represent the traditional first line of treatment for various chronic pain conditions, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of his recommendations. In this case, however, the applicant is off of work. Proscriptive limitations were seemingly renewed, unchanged, from visit to visit, despite ongoing ibuprofen usage. The applicant remains highly reliant and highly dependent on other forms of medical treatment, including a knee brace, opioid agents such as tramadol, etc. All the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of ibuprofen. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate applicant-specific variables such as "other medications" into his choice of recommendations. In this case, the attending provider failed to provide any rationale for selection and/or ongoing usage of two separate oral NSAIDs, diclofenac and ibuprofen. Therefore, the request is not medically necessary.

**Tramadol 50mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The attending provider has not outlined any tangible decrements in pain or material improvements in function achieved as a result of ongoing tramadol usage. Therefore, the request is not medically necessary.

**Lidoderm patch #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

**Decision rationale:** While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical lidocaine is indicated in the treatment of localized peripheral pain and also neuropathic pain in applicants in whom there has been a trial first line therapy with antidepressants and/or anticonvulsants, in this case, however, the applicant's knee pain is arthritic in nature. There is no evidence of any localized peripheral pain or neuropathic pain involving the knee present here. Furthermore, even if one would accept the proposition that the applicant's knee pain did have some neuropathic component, there is, in this case, no evidence that first line anticonvulsant adjuvant medications and/or antidepressant adjuvant medications were tried and/or failed here. Therefore, the request is not medically necessary.