

<b>Case Number:</b>	CM14-0092202		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/25/2011
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 Surgeon 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 32-year-old male who reported an injury on 05/25/2011. The mechanism of injury was not provided. On 05/16/2014, the injured worker presented with complaints related to the left ankle. Upon examination, there was tenderness along the left ankle dome noted with 70% of range of motion and tenderness along the plates. The diagnoses were left ankle fracture status post open reduction, internal fixation performed on 07/22/2011 with continued pain, and ambulation requiring ankle brace, as well as ancillary crutch, and internal derangement of the left knee with inner and outer patella discomfort. Prior therapy included hot and cold wrap, medications, surgery, and physical therapy. The provider recommended an x-ray for the left knee, Protonix, Lido Pro, naproxen, removal of hardware in the left ankle with arthropathy, lab studies, knee injections, and tramadol. The provider's rationale was not provided. The Request for Authorization Form was dated 05/15/2014 and 05/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray of the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

**Decision rationale:** The request for X-ray of the left knee is not medically necessary. The California MTUS/ACOEM Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once any red flag issues are ruled out. There was a lack of documentation of any objective functional deficits related to the left knee that needed to be addressed. Additionally, the provider recommended injections for the knee. All methods of conservative treatment have not been exhausted. There were no red flags to be addressed. As such, the request is not medically necessary.

**Protonix 20mg # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular risk Page(s): 68.

**Decision rationale:** The request for Protonix 20mg # 60 is not medically necessary. According to the California MTUS Guidelines, proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to non-steroidal anti-inflammatory drugs (NSAIDs) therapy or for those taking NSAID medications that are at moderate to high risk for gastrointestinal events. There was a lack of evidence that the injured worker has a diagnosis concurrent with the guideline recommendation for a proton pump inhibitor. Additionally, the injured worker is not at moderate to high risk for gastrointestinal events. As such, the medical necessity has not been established.

**Lidopro cream 4 oz:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The request for Lidopro cream 4 oz is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. There was a lack of documentation that the injured worker had a failed trial of an antidepressant or anticonvulsant. Additionally, many agents are compounded as monotherapy or in combination for pain control including non-steroidal anti-inflammatory drugs (NSAIDs), opioids, Capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adenosine, cannabinoids, and cholinergic receptor agonists. There is little to no research to support the use of many of these agents. Additionally, the provider's request does not indicate

the site that the medication is intended for or the frequency in the request as submitted. As such, medical necessity has not been established.

**Terocin patches # 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The request for Terocin patches # 30 is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. There was a lack of documentation that the injured worker had a failed trial of an antidepressant or anticonvulsant. Additionally, many agents are compounded as monotherapy or in combination for pain control including non-steroidal anti-inflammatory drugs (NSAIDs), opioids, Capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adenosine, cannabinoids, and cholinergic receptor agonists. There is little to no research to support the use of many of these agents. Additionally, the provider's request does not indicate the site that the medication is intended for or the frequency in the request as submitted. As such, medical necessity has not been established.

**Naproxen 550mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

**Decision rationale:** The request for Naproxen 550mg #60 is not medically necessary. The California MTUS Guidelines state that all non-steroidal anti-inflammatory drugs (NSAIDs), are associated with risks of cardiovascular events, including MI, stroke, and onset or worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual treatment goals. There is a lack of evidence in the medical records provided of a complete and adequate pain assessment and the efficacy of the prior use of the medication was not provided. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

**Unknown Tens pad:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

**Decision rationale:** The request for Unknown TENS pad is not medically necessary. The California MTUS Guidelines do not recommend TENS unit as a primary treatment modality. A 1 month home-based TENS trial may be considered as a non-invasive conservative option if used as an adjunct to a program of evidence based functional restoration. The results of studies are inconclusive. The published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. There is a lack of documentation indicating significant deficits upon physical examination. The efficacy of the injured worker's previous courses of conservative treatment was not provided. It is unclear if the injured worker underwent an adequate TENS trial. The site that the TENS unit is indicated for was not specified in the request as submitted. As the TENS unit is not medically warranted, a TENS pad would not be medically necessary.

**Remove hardware in conjunction with ankle arthroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle and foot Acute and chronic.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Foot and Ankle, Hardware Removal.

**Decision rationale:** The request for remove hardware in conjunction with ankle arthroscopy is not medically necessary. The Official Disability Guidelines (ODG) do not recommend routine removal of hardware implanted for fracture fixation, except in the case of broke hardware or persistent pain, after ruling out other causes of pain such as infection or nonunion. It is not recommended solely to protect against allergy, carcinogenesis, or metal detection. Although hardware removal is commonly done, it should not be considered as a routine procedure. As the guidelines do not recommend hardware removal, the removal of hardware in conjunction with an ankle arthroscopy would not be medically indicated. There is a lack of exceptional factors provided in the documentation submitted to approving outside the guideline recommendations. As such, the request is not medically necessary.

**Lab studies including CMP, CBC and UA:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, page(s) 70 and Urine Drug Test Page(s): 43.

**Decision rationale:** The request for lab studies including CMP, CBC and UA is not medically necessary. The California MTUS Guidelines recommend periodic lab monitoring of a chemistry profile including liver and renal function tests. The guidelines recommend measuring liver transaminase within 4 weeks to 8 weeks after starting therapy, but interval of repeat lab tests after this treatment duration has not been established. Routine blood pressure monitoring is, however, recommended. It was unclear when the laboratory monitoring was last performed. The California MTUS Guidelines also recommend a urine drug test as an option to assess for the use or presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids for ongoing management and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker was suspected of illegal drug use. It was unclear when the last urine drug screen was performed. As such, medical necessity has not been established.

**Unknown Knee Injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and leg (acute and Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347.

**Decision rationale:** The request for Unknown Knee Injections is not medically necessary. The California MTUS/ACOEM Guidelines state invasive techniques such as need aspirations of effusions or prepatellar bursal fluid and cortisone injections are not routinely indicated. They carry risk of subsequent intra-articular infection. As the guidelines state knee injections are not indicated, an unknown knee injection would not be warranted. The provider's request does not indicate the type of injection or which knee the injection is indicated for in the request as submitted. As such, medical necessity has not been established.

**Tramadol ER 150mg #30:** 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): 78.

**Decision rationale:** The request for Tramadol ER 150mg #30 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management in chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the frequency of the medication was not provided in the request as submitted. As such, the request is not medically necessary.

