

<b>Case Number:</b>	CM14-0090513		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/25/2004
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials: State(s) of Licensure: North Carolina Certification(s)/Specialty: Family Practice

### 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 57 year old male, who sustained an industrial injury on 4/25/04. The diagnoses have included contusion of the knees, status post right knee surgery 6/2004 and 11/2004, right knee arthroscopy 2/27/13, bilateral ankle sprain, lumbar strain/sprain and osteoarthritis of the right knee. Treatment to date has included medications, surgery, physical therapy, rest, electrical muscle stimulation, BioniCare, home exercise program (HEP). The diagnostic testing that was performed included X-rays of the bilateral knees revealed no interval changes since x-ray of the right knee dated 7/17/13 and slight degenerative changes on the left. Currently, as per the physician progress note dated 5/15/14, the injured worker complains of severe increased right knee pain for the past 2 months that is unrelieved with rest, electrical muscle stimulation, BioniCare, home exercise program (HEP) and medications. He reports that the pain with medications is rated 3-4/10 on pain scale and without medications is 7-8/10. The duration of relief is 4-6 hours. The symptoms have persisted and he presents to discuss other treatment options. The objective findings revealed that the right knee has post-operative changes as prior. There is tenderness to palpation over the medial and lateral joint line as well as over the patellofemoral region. The range of motion is as follows: flexion is 100 degrees and extension is 3 degrees. There is crepitus present, increased pain with McMurray's test, grade 4/5 muscle weakness in flexion and extension and he ambulates with a slight limp favoring the right lower extremity (RLE). The current medications included Norco, Lyrica, and Baclofen. There was no previous therapy sessions noted and no previous urine drug tests were noted in the records. The injured worker is working and doing his usual and customary duties. The physician requested treatments included MR Arthrogram of the right knee to evaluate internal derangement in consideration and 1 Random Urine drug screen.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **MR Arthrogram of the right knee: 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 ODG, MR arthrogram, knee.

**Decision rationale:** The California MTUS and ACOEM do not specifically address the requested service. The ODG recommends MR arthrogram for meniscal repair and meniscal resection of more than 25% patient's with less than 25 % meniscal resection did not need MR arthrography. The provided clinical documentation for review does not meet these criteria and therefore the request is not medically necessary.

### **1 Random Urine drug screen: Overturned**

**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 opioids Page(s): 76-84.

**Decision rationale:** The California chronic pain medical treatment guidelines section on opioids states: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, 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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain

dairy that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. The California MTUS does recommend urine drug screens as part of the criteria for ongoing use of opioids. The patient was on opioids at the time of request and therefore the request is medically necessary.