

Case Number:	CM15-0004325		
Date Assigned:	01/15/2015	Date of Injury:	12/19/1997
Decision Date:	03/10/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/08/2015

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: California
 Certification(s)/Specialty: Emergency Medicine

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 was a 67 year old female, who sustained an industrial injury, December 19, 1997. The injured worker was diagnosed with internal derangement of the knees bilaterally, chronic pain syndrome, ankle sprain, strain as a result of compensation from knee the injury. The injured worker had an antalgic gait as well as weight gain as a result of limited activity because of injuries. The injured worker ambulates with a cane, continues home exercises, medications, Hyalgan injection. On January 2, 2015, the UR denied authorization for defiance brace molded plastic for lower knee additional and upper additional for the left knee, for defiance brace molded plastic for lower knee additional and upper additional for the right knee. The denial was based on the lack of indication as to what condition unloader braces were treating. The prescription for tramadol ER 150MG, the denial was based on the MTUS Chronic Pain Treatment Guidelines for Tramadol. The diclofenac 100mg was denied based on MTUS Chronic Pain Treatment Guidelines regarding anti-inflammatory medications. The protonix was denied on the bases of the MTUIS Chronic Pane Medical Guidelines. The lidoPro was denied on the bases of MTUS Chronic Pain Medical Guidelines for Topical Medications. The Terocin patches were denied on the bases of MTUS Chronic Pain Medical Treatment Guidelines to Topical Analgesics. The bariatric Quad cane was denied based on the ODG guidelines for walking aides.

IMR ISSUES, DECISIONS AND RATIONALES

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

Defiance brace molded plastic lower knee addition left knee qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 13-6, page 346. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic) , Knee brace

Decision rationale: The requested Defiance brace molded plastic lower knee addition left knee qty 1.00, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, Table 13-6, page 346 notes that knee braces are "Recommended: Short period of immobilization after an acute injury to relieve symptoms; and Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic) , Knee brace note "Knee brace: Recommended as indicated below. Recommend valgus knee braces for knee OA. Knee braces that produce a valgus moment about the knee markedly reduce the net knee adduction moment and unload the medial compartment of the knee, but could be impractical for many patients. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear, or MCL instability, but in some patients a knee brace can increase confidence, which may indirectly help with the healing process. 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. The injured worker has chronic knee pain and ambulates with an antalgic gait and a cane. The treating physician has not documented physical exam evidence of knee instability or the other criteria noted above. The criteria noted above not having been met, Defiance brace molded plastic lower knee addition left knee qty 1.00 is not medically necessary.

Defiance brace molded lower knee addition and upper knee addition right knee qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Chapter 13, Table 13-6, page 346. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic) , Knee brace

Decision rationale: The requested Defiance brace molded lower knee addition and upper knee addition right knee qty 1.00, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, Table 13-6, page 346 note that knee braces are "Recommended: Short period of immobilization after an acute injury to relieve symptoms; and Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic) , Knee brace note "Knee brace: Recommended as indicated below. Recommend valgus knee braces for knee OA. Knee braces that produce a valgus moment about the knee markedly reduce the net knee adduction moment and unload the medial compartment of the knee, but could be

impractical for many patients. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear, or MCL instability, but in some patients a knee brace can increase confidence, which may indirectly help with the healing process. 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. The injured worker has chronic knee pain and ambulates with an antalgic gait and a cane. The treating physician has not documented physical exam evidence of knee instability or the other criteria noted above. The Defiance brace molded lower knee addition and upper knee addition right knee qty 1.00 is not medically necessary.

Tramadol ER 150mg qty 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol.

Decision rationale: The requested Tramadol ER 150mg qty 30.00 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has chronic knee pain and ambulates with an antalgic gait and a cane. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol ER 150mg qty 30.00 is not medically necessary.

Diclofenac 100mg qty 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Low Back Page(s): 67.

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

Decision rationale: The requested Diclofenac 100mg qty 30.00 is not medically necessary. California's Division of Workers Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note for specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The injured worker has chronic

knee pain and ambulates with an antalgic gait and a cane. The treating physician has not documented current inflammatory conditions, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Diclofenac 100mg qty 30.00 is not medically necessary.