

<b>Case Number:</b>	CM15-0009201		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: Orthopedic Surgery

### 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 65 year old male with an industrial injury dated 10/23/2012. His diagnoses include cervical sprain syndrome, lumbar strain/sprain, sprain of the sacroiliac ligament, thoracic or lumbosacral neuritis/radiculitis, old bucket handle tear of medial meniscus, chondromalacia of patella, shoulder strain/sprain unspecified, and carpal tunnel syndrome. Recent diagnostic testing was not submitted or discussed. He has been treated with medications, home exercise program, and psychological treatment. In a progress note dated 11/17/2014, the treating physician reports bilateral knee pain with the left worse than the right with giving way and catching with a pain rating of 8/10. The objective examination revealed bilateral knee swelling and warmth, and limited range of motion. The treating physician is requesting Norco, Zanaflex and bilateral knee replacements which were denied by the utilization review. On 12/26/2014, Utilization Review non-certified a prescription for Norco 5/325mg #60, noting the lack of documented 4 As of analgesia which includes activities of daily living, adverse side effects, aberrant drug-taking behavior, narcotic contract or urine drug screening. The MTUS Guidelines were cited. On 12/26/2014, Utilization Review non-certified a prescription for Zanaflex 2mg #120, noting the recommendations for short term use and the prior use of other muscle relaxants, and the absence of acute exacerbation of chronic pain. The MTUS Guidelines were cited. On 12/26/2014, Utilization Review non-certified a request for bilateral knee replacements, noting the absence of recent diagnostic imaging and conservative treatments, and lack of documented effects on activities of daily living. The ACOEM and ODG Guidelines were

cited. On 01/15/2015, the injured worker submitted an application for IMR for review of Norco 5/325mg #60, Zanaflex 2mg #120, and bilateral knee replacements.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 5/325mg #60:** Upheld

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

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

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. The exam note from 11/17/14 demonstrated lack of functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity while on Norco. Therefore, the determination is for non-certification.

**Zanaflex 2mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Zanaflex Page(s): 66.

**Decision rationale:** Per the CA MTUS/Chronic Pain Treatment Guidelines, page 66, Zanaflex is appropriate for chronic myofascial pain syndrome and is approved for spasticity. In this case, there is no objective evidence in the exam note from 11/17/14 supporting spasticity and no evidence of chronic myofascial pain syndrome or fibromyalgia. Therefore, the determination is for non-certification.

**Bilateral total knee replacement surgery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic) (updated 10/27/14)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Knee arthroplasty

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of total knee replacement. According to the Official Disability Guidelines regarding Knee arthroplasty: Criteria for knee joint replacement which includes conservative care with subjective findings including limited range of motion less than 90 degrees. In addition, the patient should have a BMI of less than 35 and be older than 50 years of age. There must also be findings on standing radiographs of significant loss of chondral clear space. The clinical information submitted demonstrates insufficient evidence to support a knee arthroplasty in this patient. There is no documentation from the exam notes from 11/17/14 of increased pain with initiation of activity or weight bearing. There are no records in the chart documenting when physical therapy began or how many visits were attempted. There is no evidence in the cited examination notes of limited range of motion less than 90 degrees. There is no formal weight bearing radiographic report of degree of osteoarthritis. Therefore, the guideline criteria have not been met and the determination is for non-certification.