MAXIMUS Federal Services

| Case Number: | CM15-0011479 | | |
|---|---|---|---|
| Date Assigned: | 01/29/2015 | Date of Injury: | 01/12/1998 |
| Decision Date: | 03/27/2015 | UR Denial Date: | 01/08/2015 |
| Priority: | Standard | Application Received: | 01/21/2015 |

## 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, New York, Florida
Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 is a 67-year-old male who reported an injury on 01/12/1998. The mechanism of injury was unspecified. His diagnoses include status post lumbar laminectomy syndrome, lower extremity radiculopathy, and bilateral knee internal derangement. His past treatments included surgery, injections, and medication. On 12/19/2014, the injured worker complained of low back pain rated 6/10. He also complained of bilateral knee pain. The physical examination of the left knee revealed mild tenderness to palpation along the medial and lateral joint line with a well healed scar and positive for crepitus upon gentle range of motion. Relevant medications were noted to include Ultracet, Anaprox, Prilosec, and Neurontin. The treatment plan included Ultracet 37.5/325mg #90 and MRI (magnetic resonance imaging) of bilateral knees. A rationale was not provided. A Request for Authorization form was not submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Ultracet 37.5/325mg #90 dispensed on 12/19/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

**Decision rationale:** The request for retrospective Ultracet 37.5/325mg #90 dispensed on 12/19/2014 is not medically necessary. According to the California MTUS Guidelines, patients on opioids should have ongoing review and documentation in regard to pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The injured worker was indicated to have been on Ultracet since at least 12/19/2014. However, there was a lack of documentation in regard to objective functional improvement, objective decrease in pain, evidence of monitoring for side effects and the occurrence of any drug related behaviors. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**MRI (Magnetic Resonance Imaging) of bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 347.

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

**Decision rationale:** The request for MRI (magnetic resonance imaging) of bilateral knees is not medically necessary. According to the California MTUS/ACOEM Guidelines, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation has failed. The clinical parameters for ordering knee radiographs include: joint effusion within 24 hours of direct blow or fall, palpable tenderness over fibular head or patella, inability to walk (4 steps) or bear weight immediately or within a week of the trauma, and inability to flex knee to 90 degrees. The injured worker was indicated to have tenderness over the medial joint line and lateral joint line. However, there was a lack of documentation to indicate palpable tenderness over the fibular head or patella. There was also lack of documentation the injured worker was unable to flex the knee to 90 degrees. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.