

<b>Case Number:</b>	CM15-0012738		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	09/13/2012
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Pennsylvania  
 Certification(s)/Specialty: Internal 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 61-year-old male who reported knee pain after an injury on 9/13/12. The diagnoses include left knee tricompartmental chondromalacia and posterolateral corner injury. Treatments to date include left knee arthroscopy for debridement on 12/18/12 and 5/14/13, physical therapy, and medications. The medical history appears to include a prior ACL injury and reconstruction. The current primary treating physician is an orthopedic surgeon. Periodic reports during 2014 reflect ongoing knee pain, not working status, similar physical findings, and a modified work description. The treatment plans included Synvisc, Norco, diclofenac, tramadol, and an MRI knee arthrogram; none of the reports discusses the specific results of using any medication. There are no reports of any drug testing. The reports have practically identical information other than some of the treatment requests. Per the PR2 of 12/15/14, there was left knee pain and swelling. The injured worker was not working. A variety of provocative tests were positive, including the dial test. The treating physician states that the MRI did not show a posterolateral corner injury but this condition is present clinically, indicating the need for a sports medicine referral. The medications now under Independent Medical Review were prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Outpatient consultation with sports medicine specialist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Musculoskeletal Imaging Review, Emily N. Vinson, Nancy M. Major, Clyde A. Helms AJR 2008; 190:449-458 UpToDate, Lateral collateral ligament injury and related posterolateral corner injuries of the knee. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

**Decision rationale:** The treating surgeon has provided some clinical evidence for a posterolateral corner injury and also stated that the MRI did not show this injury. As there are varying grades of posterolateral corner injury, and because imaging is not perfect, it is possible that this injured worker has a chronic posterolateral corner injury. However, it is not clear how to interpret this referral request. The treating physician is an orthopedic surgeon who presumably is familiar with this condition. A sports medicine specialist may be a surgeon or non-surgeon. It is not clear if this is meant to be a referral to another surgeon or possibly to a non-surgeon for non-surgical treatment. The referral is therefore too ambiguous and does not adequately address the nature of the pathology and the indicated treatment. The MTUS provides general recommendations for surgical referral, including activity limitation, failure of conservative care, and specific surgical conditions. This injured worker may meet the general recommendations for a surgical referral per the MTUS, although it is not clear why another surgeon is required when the primary treating physician is a surgeon of the appropriate specialty. The other citations above provide more specific recommendations for diagnosis and care of posterolateral corner injury. The treating physician has not addressed the specifics of the condition in this case and the desired treatment. The referral is therefore not medically necessary.

## **Diclofenac XR 100mg #30 x 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; NSAIDs for Back Pain - Acute exacerbations of chronic pain; Back P.

**Decision rationale:** Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. Neither blood pressure nor blood tests have been measured. Diclofenac has a higher cardiovascular risk profile than many other NSAIDs, and should not be the first choice for an

NSAID. The treating physician has not provided any indications for using diclofenac rather than other, safer NSAIDs. The MTUS states that NSAIDs for arthritis are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Given the lack of specific benefit, there is not a sufficient necessity to continue this NSAID for the long term. Diclofenac is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings.

**Tramadol ER 150mg #60 x 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 88.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Mec.

**Decision rationale:** There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing is in evidence. Both the prior Utilization Review and the prior Independent Medical Review have noted the lack of prescribing per guidelines. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. Aberrant use of opioids is common in this population. There is minimal evidence in support of long-term opioids for arthritis, and treatment guidelines should be followed (see MTUS citation). There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The treating physician is prescribing two short acting opioids, which is redundant. As currently prescribed, tramadol does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

**APAP with Codeine 300/60mg #60 x 1 refill:** Upheld

**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 Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Mec.

**Decision rationale:** There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing is in evidence. Both the prior

Utilization Review and the prior Independent Medical Review have noted the lack of prescribing per guidelines. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. Aberrant use of opioids is common in this population. There is minimal evidence in support of long-term opioids for arthritis, and treatment guidelines should be followed (see MTUS citation). There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The treating physician is prescribing two short acting opioids, which is redundant. As currently prescribed, APAP with codeine does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

**Re-evaluation within 6 weeks:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter, office visits

**Decision rationale:** The Utilization Review provided no specific rationale for denying medical necessity for a follow-up office visit. The guidelines above recommend office visits as medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates require close monitoring. In this case, there is ongoing pain with prescribing of medications, at minimum. The treating physician will need to assess treatment results and also should modify the treatment plan according to recent Utilization Review, Independent Medical Review, and medical evidence. The future office visit is medically necessary and consistent with guidelines.