

Case Number:	CM15-0110038		
Date Assigned:	06/16/2015	Date of Injury:	10/28/2010
Decision Date:	09/23/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/08/2015

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: Physical Medicine & Rehabilitation

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 55 year old female, who sustained an industrial injury on 10/28/10. She reported initial complaints of falling and landing on her left knee. The injured worker was diagnosed as having left knee anterior cruciate ligament tear, lateral meniscal tear left knee; left knee osteoarthritis; left knee contusion. Treatment to date has included status post left knee ACL repair and meniscectomy (6/22/2010); aquatic therapy; chiropractic therapy; acupuncture; Orthovisc injection series (2012); sacroiliac joint injection; physical therapy; medications. Diagnostics included MRI left knee (7/21/14); x-rays left knee (5/8/15). Currently, the PR-2 notes dated 5/8/15 indicated the injured worker complains of left knee pain. She reports constant aching pain with popping and grinding. She states she can only walk 10 minutes before increased pain in the back of knee and feels as though she cannot pick up her leg to get back into the car. She does report the left knee giving out on her and is unable to kneel without pain. She has pain transitioning from sitting to standing and has been losing balance over the last few months. She rates her pain as 5-6/10. On physical examination the left knee is tender to palpation medially with previous surgical incisions noted. Strength testing is 4/5 flexion and extension is noted as 5/5/. Orthopedic testing is positive for valgus and varus stress; anterior drawer is positive along with patellofemoral grind but has a negative posterior drawer. X-rays of 5/8/15 reveal left knee severe degenerative joint disease with no medial joint space and retained hardware. A MRI of left knee dated 7/21/14 the provider notes status post ACL reconstruction; graft well positioned and intact; abnormal signal and morphology involve the lateral meniscus - post operative verses tear; medial meniscus is degenerated; tricompartmental degenerative

arthritis is present, most pronounced within the lateral compartment. The provider's treatment plan includes discussion of a left total knee arthroplasty and preoperative clearance due to severe degenerative joint disease with retained implants. He is requesting authorization of bilateral sacroiliac joint injection; Duloxetine DR 30mg #30; Ketoprofen cream 10%; Nortriptyline HCL 25mg #60; Percocet 10/325mg #90 and Topamax 25mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline HCL 25mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, Functional improvement Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

Decision rationale: The patient was injured on 10/28/10 and presents with left knee pain. The request is for Nortriptyline Hcl 25 Mg #60. There is no RFA provided and the patient's current work status is not provided. It is unknown when the patient began taking this medication. Regarding anti-depressants, MTUS Guidelines, page 13-15, Chronic Pain Medical Treatment Guidelines: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." (Saarto-Cochrane, 2005) Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. She has diagnosed with left knee anterior cruciate ligament tear, lateral meniscal tear left knee, left knee osteoarthritis, and left knee contusion. On 11/25/14, she rated her pain as a 6-7/10 and on 04/30/15, the patient rated her pain as a 7/10. On 05/08/15, she rated her pain as a 5-6/10. In this case, none of the progress reports document symptoms and diagnoses of depression and anxiety. The reports do not describe a clear diagnosis of neuropathy or insomnia for which this medication may be indicated as well. Furthermore, there is no discussion regarding efficacy, as required by MTUS. Therefore, the request is not medically necessary.

Duloxetine DR 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, Functional Improvement Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta-Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) Page(s): 15-16.

Decision rationale: The patient was injured on 10/28/10 and presents with left knee pain. The request is for Duloxetine Dr 30 Mg #30. There is no RFA provided and the patient's current work status is not provided. It is unknown when the patient began taking this medication. MTUS Guidelines, Cymbalta- Selective serotonin and norepinephrine reuptake inhibitors (SNRIs), pages 15-16 states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks." On physical examination the left knee is tender to palpation medially with previous surgical incisions noted and she tested for valgus/varus stress, anterior drawer test, and the patellofemoral grind. She has been diagnosed with left knee anterior cruciate ligament tear, lateral meniscal tear left knee, left knee osteoarthritis, and left knee contusion. On 11/25/14, she rated her pain as a 6-7/10 and on 04/30/15, the patient rated her pain as a 7/10. On 05/08/15, she rated her pain as a 5-6/10. In this case, it is unknown when she began taking this medication and the treater does not specifically discuss efficacy of Duloxetine on any of the reports provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Duloxetine is not medically necessary.

Ketoprofen cream 10%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The patient was injured on 10/28/10 and presents with left knee pain. The request is for Ketoprofen Cream 10%. There is no RFA provided and the patient's current work status is not provided. MTUS Guidelines, Topical Analgesics, page 111 states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS page 111 states "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo-contact dermatitis." On physical examination the left knee is tender to palpation medially with previous surgical incisions noted and she tested for valgus/varus stress, anterior drawer test, and the patellofemoral grind. She has been diagnosed with left knee anterior cruciate ligament tear, lateral meniscal tear left knee, left knee osteoarthritis, and left knee contusion. In this case, Ketoprofen is not approved for topical formulation per MTUS Guidelines. Therefore, the requested Ketoprofen cream is not medically necessary.

Percocet 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Functional Improvement Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria For Use Of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient was injured on 10/28/10 and presents with left knee pain. The request is for Percocet 10/325 Mg #90. There is no RFA provided and the patient's current work status is not provided. The patient has been taking this medication as early as 11/25/14. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids, Therapeutic Trial of Opioids, also requires documentation of the 4As, analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. On 11/25/14, she rated her pain as a 6-7/10 and on 04/30/15, the patient rated her pain as a 7/10. On 05/08/15, she rated her pain as a 5-6/10. The 11/25/14 report states that the patient has a CURES report from 11/22/14 and is consistent with her prescribed medications. She was consistent with her 02/24/14 urinalysis and there are no signs of misuse/abuse/divergence/addiction with the medications prescribed. In this case, not all of the 4 A's are addressed as required by MTUS Guidelines. Although there are general pain scales provided, there are no before and after medication pain scales. There are no examples of ADLs which demonstrate medication efficacy. No validated instruments are used either. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the request is not medically necessary.

Topamax 25mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax), Functional Improvement. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topamax Page(s): 21.

Decision rationale: The patient was injured on 10/28/10 and presents with left knee pain. The request is for Percocet 10/325 MG #90. There is no RFA provided and the patient's current work status is not provided. MTUS Guidelines, Topamax, page 21, states, "Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy and neuropathic pain of 'central' etiology. It is still considered for use for neuropathic pain when other anticonvulsants have failed." MTUS Guidelines, pages 16 and 17, regarding antiepileptic drugs for chronic pain, also states that, "There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain have

been directed at postherpetic neuralgia and painful polyneuropathy." On physical examination the left knee is tender to palpation medially with previous surgical incisions noted and she tested for valgus/varus stress, anterior drawer test, and the patellofemoral grind. She has been diagnosed with left knee anterior cruciate ligament tear, lateral meniscal tear left knee, left knee osteoarthritis, and left knee contusion. On 11/25/14, she rated her pain as a 6-7/10 and on 04/30/15, the patient rated her pain as a 7/10. On 05/08/15, she rated her pain as a 5-6/10. In this case, it is unknown when she began taking this medication and the treater does not specifically discuss efficacy of Topamax on any of the reports provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the request is not medically necessary.

Bilateral SI joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter under SI joint injections.

Decision rationale: The patient was injured on 10/28/10 and presents with left knee pain. The request is for a Bilateral Si Joint Injection. There is no RFA provided and the patient's current work status is not provided. The patient had a prior bilateral SI joint injection. ODG guidelines, Low Back Chapter under SI joint injections states: Treatment: There is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block. ODG further states that, "The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed." "Diagnosis: Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH)." On physical examination the left knee is tender to palpation medially with previous surgical incisions noted and she tested for valgus/varus stress, anterior drawer test, and the patellofemoral grind. She has been diagnosed with left knee anterior cruciate ligament tear, lateral meniscal tear left knee, left knee osteoarthritis, and left knee contusion. Treatment to date has included status post left knee ACL repair and meniscectomy (6/22/2010), aquatic therapy, chiropractic therapy, acupuncture, Orthovisc injection series (2012), sacroiliac joint injection, physical therapy, and medications. The reason for the request is not provided and the results of the prior SI injection are not provided. ODG guidelines requires at least 3 positive findings to support SI joint injections. However, none of the required positive findings are provided. The request is not medically necessary.