

<b>Case Number:</b>	CM15-0029724		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	08/02/2013
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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 is a 61 year old female, who sustained an industrial injury on 08/02/2013. The diagnoses have included fall with tibial plateau fracture, crushed bone marrow and lateral collection tear. Treatment to date has included medication and restrictions. Magnetic resonance imaging (MRI) of the left knee dated 12/05/2013 showed a subacute fracture of the tibia. Currently, the IW complains of left knee pain described as aching, deformity, soreness, stinging, tenderness, throbbing and stabbing. There is no radiation. Objective findings included no deformities and midposition upon gait and station examination. Meniscal tear, laxity and sub patellar chondromalacia to examination. On 2/10/2015, Utilization Review non-certified a request for consultation with an orthopedic surgeon (left knee/collateral tear) and Tramadol/Flurbiprofen/ Cyclobenzaprine/Baclofen noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS and ODG were cited. On 2/18/2015, the injured worker submitted an application for IMR for review of consultation with an orthopedic surgeon (left knee/collateral tear) and Tramadol/Flurbiprofen/Cyclobenzaprine/Baclofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with an Orthopedic Surgeon (Left Knee/Lateral Collateral Tear):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, Chronic Pain Treatment Guidelines Chronic pain, page 1, Part 1: Introduction Page(s): 1.

**Decision rationale:** The requested Consultation with an Orthopedic Surgeon (Left Knee/Lateral Collateral Tear) , is medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Knee Complaints, Chapter 13, Follow-Up, Page 341 recommend follow-up visits with documented medical necessity; and California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary."The injured worker has left knee pain described as aching, deformity, soreness, stinging, tenderness, throbbing and stabbing. There is no radiation. Objective findings included no deformities and midposition upon gait and station examination. Meniscal tear, laxity and sub patellar chondromalacia to examination. There is sufficient documentation of continued symptoms and positive exam findings to establish the medical necessity for this consult. The criteria noted above having been met, Consultation with an Orthopedic Surgeon (Left Knee/Lateral Collateral Tear) is medically necessary.

**Tramadol/Flurbiprofen/Cyclobenzaprine/Baclofen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The requested Tramadol/Flurbiprofen/Cyclobenzaprine/Baclofen, is medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has left knee pain described as aching, deformity, soreness, stinging, tenderness, throbbing and stabbing. There is no radiation. Objective findings included no deformities and midposition upon gait and station examination. Meniscal tear, laxity and sub patellar chondromalacia to examination. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above having not been met, Tramadol/Flurbiprofen/Cyclobenzaprine/Baclofen is not medically necessary.

