

Case Number:	CM13-0019867		
Date Assigned:	11/08/2013	Date of Injury:	06/06/2004
Decision Date:	04/18/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	09/03/2013

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. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 67-year-old male with diagnoses of arthritis of the knee, knee strain, arthropathy unspecified, involving the lower leg, obesity, status post lateral meniscectomy of the right knee, hip replacement, left hip pain, shoulder pain, bilaterally. The patient was seen on 10/02/2013 with complaints of knee problem, bilateral shoulder and hip pain. The location of the knee problem is generalized in the right knee, it is characterized by pain, swelling. Severity of the knee problem is moderate, with constant pain that fluctuates in intensity and worsens with walking, which makes it swell up. Exacerbating factors consist of prolonged sitting, prolonged standing and walking. The patient did not that relieving factors consist of analgesics and medication. The patient noted decreased range of motion, edema, popping joints. He did note that they had the Synvisc injections does about 3 years ago and had 80% improvement in pain and function. The patient noted that the right knee surgery was probably around 2002. The physician also reviewed with the patient pain questionnaire in great detail, reviewed benefits of all medication the patient is currently on. The patient stated they are tolerating their medications well without any difficulty or side effects and noted Celebrex and tramadol help 70% to 80% with improvement of pain and function. On exam the patient rated their pain as 3/10 and noted the pain is worse with walking. Also for the right knee the physician noted diminished active, passive range of motion and restricted due to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90 with two refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: On 10/02/2013 exam, the physician did not for diagnoses arthritis of the knee, knee strain, arthropathy unspecified, involving lower leg. The right knee is noted to have pain, swelling, severity of the knee problem is moderate. It is noted that the pain is constant, fluctuates in intensity and worsens with walking, and causes it to swell up. Exacerbating factors consist of prolonged sitting, prolonged standing and walking; relieving factors are analgesics and medications. Associated symptoms of the right knee consisted of decreased range of motion, edema, popping joint. The physician noted that the pain level on the office visit was 3/10. The physician did state that the Celebrex and tramadol helped 70% to 80% improvement with pain and function. The physician reviewed with patient the pain questionnaire in great detail, and also reviewed the benefits of all medications the patient is currently on. The physician also stated that the patient is currently tolerating medications well without difficulties or any side effects. California MTUS Guidelines states the central acting analgesics are an emerging 4th class of an opiate analgesic that may be used to treat chronic pain. The small class of synthetic opioids exhibit opioid activity in a mechanism of action and inhibits re-uptake of serotonin and norepinephrine. Central analgesic drugs such as tramadol are reported to be effective in managing neuropathic pain. Side effects are similar to traditional opioids. The patient stated on this exam pain was 3/10; physician noted the Celebrex and tramadol that the patient currently is on helps 70% to 80% improvement with pain and function. Therefore, the request is certified

A Synvisc injection to the right knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic Acid Injections Section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic Acid Injections Section.

Decision rationale: CAMTUS/ACOEM does not address. The patient has diagnoses of arthritis of the knee, knee strain, arthropathy unspecified, involving lower leg. On exam, the location of the knee problem is generalized to the right knee, characterized with pain, swelling. The severity of the knee problem is moderate. The patient's pain is constant, fluctuates in intensity, and worsens with walking which does cause it to swell up. Factors that exacerbate the condition, prolonged sitting, prolonged standing and walking, relieving factors are analgesics and medications at this point. Associated symptoms of the right knee consist of decreased range of motion, edema, popping joints. The physician noted the patient did have the Synvisc injections completed about 3 years ago with 80% improvement in pain and function. Official Disability Guidelines discuss hyaluronic acid/Synvisc injections; it does not as a criteria repeat series of

injections if documented significant improvement in symptoms for 6 months if symptoms recur it may be reasonable to do another series, no maximum established by high quality scientific evidence. Documentation provided does show that the patient is having constant chronic pain due to arthritis; it is affecting his functionality due to the decreased range of motion, pain. The patient has had the injections completed 3 years ago with 80% improvement during that time frame. Therefore, per the documentation provided and the guideline criteria, the patient would benefit from this injection. The request is certified.