

Case Number:	CM13-0047520		
Date Assigned:	12/27/2013	Date of Injury:	11/25/2000
Decision Date:	02/24/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 physician 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 41 year old male with a date of injury of 11/25/00. His diagnoses as of 9/11/13 are status post two right knee arthroscopies (2001 and 2009), with residual tricompartmental osteoarthritis; and lumbar spine musculoligamentous sprain/strain with right lower extremity radiculitis, and 4-5mm disc protrusion at L5-S1 with stenosis. According a 9/11/13 report by ■■■■■, the patient returns for re-evaluation of increasing right knee pain. The patient states that his right knee is swollen on a regular basis. He also states that he has been attempting to "self-treat" by performing stretching and trying to lose weight. Examination of the lumbar spine reveals normal contour; iliac crests are level, and scoliosis is not evident. Tenderness to palpation with mild spasm and muscle guarding is present primarily over the left paraspinal musculature. A sacroiliac stress test is positive on the left and straight leg raise is negative bilaterally. Examination of the right knee reveals well healed scarring consistent with prior arthroscopies. Evidence of slight generalized swelling was noted. Tenderness to palpation is present over the medial joint line. Patellofemoral crepitus is present upon active range of motion. Patellar Grind test is positive. Radiographs of the right knee from the same day showed medial joint cartilage interval of 1mm, and a lateral joint cartilage interval of 4mm. Degenerative changes were noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a series of three Synvisc injections to the right knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The ACOEM and MTUS do not discuss Hyaluronic acid knee injections. Therefore, the Official Disability Guidelines were consulted instead. The ODG recommends Hyaluronic acid injection as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen); or to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. Medical records show this patient received a series of three Synvisc injections with the last one administered on 4/4/08. These injections resulted in "slight improvement", but "the symptoms returned and increased," according to the treating physician. The treating physician has resumed care since January 2013 and has requested another series of Synvisc injections. Due to a lack of improvement with the last injections, the request is non-certified.

The request for Voltaren ER 100mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

Decision rationale: This patient presents with chronic right knee pain. The treating physician is requesting Voltaren extended release 100mg to be used daily. The Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. The patient would appear to meet these guidelines; therefore, the request is certified.

The request for Flexeril 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: This patient presents with chronic right knee pain. The Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The treating physician has prescribed Flexeril without identifying the duration or quantity. It

is not indicated that this medication is to be used for short-term. Therefore, the request is non-certified.

The request for Norco 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-78.

Decision rationale: The MTUS guidelines for initiating opioids recommends that reasonable alternatives have been tried, and the patient's likelihood of improvement has been considered, along with the likelihood of abuse, etc. This patient has not been treated by the requesting physician since 1/10/13. Upon initial re-evaluation, the patient was prescribed an opioid as well as an NSAID. The MTUS states certain criteria should be met for initiating opioid; including trial of reasonable alternatives. Once reasonable alternatives have failed a course of opioids may be tried at that time. The requested Norco is not medically necessary at this time. Therefore, the request is non-certified.

The request for Prilosec 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: This patient presents with chronic right knee pain. The treating physician is requesting Prilosec 20mg for daily use; however, the treating physician does not provide a gastrointestinal risk assessment. There is no mention of gastric irritation or pain, no peptic ulcer history, no concurrent use of aspirin, anti-coagulation, etc. The MTUS guidelines state that Omeprazole (Prilosec) is recommended with precautions; clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Risk factors include being over 65 years of age; a history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose aspirin). The patient does not meet the designated criteria; therefore, the request is non-certified

The request for a TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

Decision rationale: This patient suffers from chronic musculoskeletal pain conditions as shown on the physical examination dated 9/11/13. Per the MTUS guidelines, TENS units have not been proven effective in treating chronic pain. They are not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, complex regional pain syndrome, spasticity, phantom limb pain, or MS. The MTUS also cites a recent meta-analysis of electrical nerve stimulation for chronic musculoskeletal pain, but concludes that the design of the study had questionable methodology and the results require further evaluation before application to specific clinical practice. The request is non-certified as this patient does not present with any of the diagnoses that MTUS allows for the trial of TENS unit.

The request for an electrical muscle stimulation unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

Decision rationale: This patient presents with chronic right knee pain. The treating physician is requesting a home electrical muscle stimulation unit "as the prior unit had proved to be beneficial." Regarding neuromuscular electrical stimulation (NMES) devices, the MTUS guidelines state they are not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. Therefore, the request is not medically necessary, and, as such, is non-certified.

The request for a urine drug screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: While the MTUS does not specifically address how frequent urine drug screens should be obtained for various risk opiate users, the Official Disability Guidelines provide a clearer guideline. For low risk opiate users, one yearly urine screen is recommended following an initial screen within the first six months. The records show this patient has not been under the care of the treating physician since 1/10/13. The report dated 9/11/13 that patient has been "attempting to self-treat" since then. The treating physician is attempting a trial of Norco. In preparation, an initial urine drug screen is reasonable and supported by the MTUS. The request is certified.