

Case Number:	CM13-0056129		
Date Assigned:	12/30/2013	Date of Injury:	07/08/2002
Decision Date:	03/28/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/21/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 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 63-year-old female who reported an injury on 07/08/2002. A review of the medical record reveals the patient's diagnoses include cervical spine disc syndrome, ICD-9 code 722.0, low back syndrome, ICD-9 code 724.2, right hip osteoarthritis/degenerative joint disease, ICD-9 code 715.15, right inguinal hernia, and bilateral knee medial meniscus tear, ICD-9 code 836.0. The most recent documentation dated 10/17/2013, revealed the patient complained of neck, bilateral arm, low back, bilateral legs, right hip and right knee pain, which she rates rated 3/10 on the pain scale. The patient states that her neck pain radiates down the bilateral arms, and her lower back pain radiates down the bilateral lower extremities. The patient is also having complaints of right inguinal hernia. Objective findings upon examination revealed localized pain was produced upon flexion and extension of the knees. Crepitus, patellofemoral grinding, and slight effusion are noted on bilateral knees. A McMurray's test, with internal and external rotation, is noted as positive bilaterally. Range of motion was slightly restricted in the bilateral knees. Motor strength of the lower extremities measured at 5-/5 in hip flexors, great toe extensors, and foot evertors. Motor strength in the knee extensors measured at 4/5 bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Relafen 750mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID)'s.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72-73.

Decision rationale: Per the California MTUS Guidelines, it is stated that NSAIDs are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain. It is also stated in the California MTUS Guidelines that there is no evidence of long-term effectiveness for pain or function with the use of NSAIDs. The patient has been taking the requested medication for a significant amount of time, and there is no documentation of any significant decrease in the patient's pain, or change in any of the objective findings upon examination, with use of the medication. Therefore, continued use of the requested medication cannot be determined at this time, and the request for 1 prescription of Relafen 750 mg #180 tablets is noncertified.

1 prescription of Tramadol 150mg #60: 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 Opioids Page(s): 78.

Decision rationale: Per the California MTUS, it is recommended that there be ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects, with the use of opioid medications for ongoing pain management. There is no documentation provided in the medical record of any type of pain relief, increased functional status, appropriate medication use, and/or side effects to the requested medication. There is also no documentation of any pain assessments being performed for the patient while using the requested medication. The patient has been taking the requested medication for a significant amount of time, and continues to have complaints of pain and no changes in her objective findings upon examination. As such, the medical necessity for continued use of tramadol cannot be determined at this time. As such, the request for 1 prescription for tramadol 150 mg #60 is noncertified.

1 prescription of Lidoderm Patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: Per the California MTUS Guidelines it is stated that topical analgesics, to include Lidoderm, are recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy to include tricyclics, or antidepressants, or antiepileptic drugs. As there is no documentation provided in the medical record that there have been any failed attempts at the use of first-line therapies to include the antidepressants or anti-epileptic

medications, the medical necessity for the requested service cannot be determined at this time. As such, the request for 1 prescription of Lidoderm patches #30 is noncertified.

3 SynVisc injections to bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <<Authority Cited>>

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

Decision rationale: The California MTUS/ACOEM does not address hyaluronic acid injections. Official Disability Guidelines recommend the use of the requested service as a possible option for severe osteoarthritis for patients who do not respond adequately to recommended conservative treatments, and to potentially delay total knee replacement. But, in recent quality studies the magnitude of improvement appears modest at best. Official Disability Guidelines also state while osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions. There is no documentation provided in the medical record of the patient having failed any attempts at previous conservative treatments to include physical therapy, exercise, NSAIDs, or acetaminophen. There is also no documentation provided in the medical record of any failure to improve from prior intra-articular steroid injections. Therefore, the medical necessity for the requested service cannot be determined at this time and the request for 3 Synvisc injections to bilateral knees is noncertified.