

Case Number:	CM13-0057480		
Date Assigned:	12/30/2013	Date of Injury:	08/27/2008
Decision Date:	05/15/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 60-year-old female who reported an injury on 08/27/2008. The mechanism of injury was the injured worker was attempting to restrain a teenage boy from going into a house and confronting his girlfriend. Medication history included opiates, NSAIDs, PPIs, and antiepileptic medications for greater than 6 months. The documentation of 10/15/2013 revealed the injured worker had constant pain in the bilateral knees. The injured worker had pain that increased with walking, standing, stairs, and sitting. It decreased with exercise, physical therapy, medication, rest, ice, heat, and lying down. The injured worker complained of weakness and swelling in the left knee, as well as swelling in the right knee. The injured worker had a constant aching, throbbing pain in the right 2nd toe. The injured worker had frequent sharp, stabbing, and shooting back pain that radiated into the groin and left upper thigh. The bilateral knee examination revealed the injured worker's bilateral knees showed no effusion and had no erythema. There was tenderness to palpation along the patellofemoral joint line and medial and lateral joint lines bilaterally. The injured worker had crepitus with range of motion bilaterally. Plain film radiographs of the right knee revealed degenerative changes to the patellofemoral joint and 2 to 3 mm cartilage interval to the medial compartment. Plain film radiographs of the left knee revealed degenerative changes to the patellofemoral joint and narrowing. The diagnosis included degenerative joint disease of the bilateral knees. The requested treatment included series of 3 Orthovisc injections for the bilateral knees for a total of 6, chronic pain specialist, Vicodin, naproxen, Prilosec, and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

THREE (3) ORTHOVISC INJECTIONS FOR 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 (ODG), Knee & Leg

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 Chapter, Hyaluronic Acid Injections.

Decision rationale: Official Disability Guidelines recommend hyaluronic acid injections as an option for people with severe osteoarthritis who have not responded adequately to recommended conservative treatments including exercise, NSAIDs, and acetaminophen. The criteria for hyaluronic acid injections include significantly symptomatic osteoarthritis, documented symptomatic severe osteoarthritis of the knee which may include bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, no palpable warmth of synovium, and over 50 years of age, pain that interferes with functional activities and is not attributed to other forms of joint disease, and the failure to adequately respond to aspiration and injection of intra-articular steroids. The clinical documentation submitted for review indicated the injured worker had crepitus in the bilateral knees. However, there was lack of documentation indicated the injured worker failed to adequately respond to aspiration and injection of intra-articular steroids, pharmacologic and non-pharmacologic therapies, and had pain that interfered with functional activities and was not attributed to other forms of joint disease. It was indicated the injured worker's pain decreased with exercise, physical therapy, medication, rest, ice, heat, and lying down. Given the above, the request for 3 Orthovisc injections for the right knee is not medically necessary.

THREE (3) ORTHOVISC INJECTIONS FOR THE LEFT 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 (ODG), Knee & Leg

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 Chapter, Hyaluronic Acid Injections.

Decision rationale: Official Disability Guidelines recommend hyaluronic acid injections as an option for people with severe osteoarthritis who have not responded adequately to recommended conservative treatments including exercise, NSAIDs, and acetaminophen. The criteria for hyaluronic acid injections include significantly symptomatic osteoarthritis, documented symptomatic severe osteoarthritis of the knee which may include bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, no palpable warmth of synovium, and over 50 years of age, pain that interferes with functional activities and

is not attributed to other forms of joint disease, and the failure to adequately respond to aspiration and injection of intra-articular steroids. The clinical documentation submitted for review indicated the injured worker had crepitus in the bilateral knees. However, there was lack of documentation indicated the injured worker failed to adequately respond to aspiration and injection of intra-articular steroids, pharmacologic and non-pharmacologic therapies, and had pain that interfered with functional activities and was not attributed to other forms of joint disease. It was indicated the injured worker's pain decreased with exercise, physical therapy, medication, rest, ice, heat, and lying down. Given the above, the request for 3 Orthovisc injections for the left knee is not medically necessary.

VICODIN 5MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic and ongoing management, Page(s): 60,78.

Decision rationale: The Expert Reviewer's decision rationale: California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, objective decrease in pain, and evidence the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing opiates for greater than 6 months. There was lack of documentation of the above criteria. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for prescription of Vicodin 5 mg #60 is not medically necessary.

NAPROXEN 500MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

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

Decision rationale: The Expert Reviewer's decision rationale: California MTUS Guidelines recommend NSAIDs for the short-term symptomatic relief of pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 6 months. There was lack of documentation of the above criteria to support ongoing use. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for prescription of naproxen 500 mg #60 is not medically necessary.

PRILOSEC 20MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

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

Decision rationale: California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to indicate the injured worker had signs and symptoms of dyspepsia. Additionally, the injured worker was noted to be utilizing the medication for greater than 6 months. The request as submitted failed to indicate frequency for the requested medication. Given the above, the request for prescription for Prilosec 20 mg #60 is not medically necessary.

NEURONTIN 300MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: California MTUS guidelines recommend antiepileptic medications as a first-line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 6 months. There was lack of documentation of an objective decrease in pain and objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for a prescription of Neurontin 300 mg #60 is not medically necessary.