

Case Number:	CM13-0063088		
Date Assigned:	12/30/2013	Date of Injury:	05/03/2011
Decision Date:	05/22/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/09/2013

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 Occupational Medicine 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 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The applicant is a represented [REDACTED] [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of May 3, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier shoulder arthroscopy; unspecified amounts of physical therapy; and earlier Synvisc injections, per the claims administrator. In a Utilization Review Report on November 14, 2013, the claims administrator approved the request for ketoprofen while denying the request for Prilosec, Flector patches, and Synvisc. The claims administrator stated that the applicant had had earlier Synvisc injections. The claims administrator stated that the applicant did not have evidence of reflux, stated that non-steroidal anti-inflammatory drugs (NSAIDs) were not recommended for chronic use purposes, and stated that the applicant had not responded favorably to earlier Synvisc injections. The claims administrator also denied Flector patch on the grounds that topical NSAIDs are only indicated for acute strains or contusions. The applicant's attorney subsequently appealed. An August 15, 2013 progress note is notable for comments that the applicant reported persistent shoulder and knee pain. The applicant was reportedly already permanent and stationary. On September 5, 2013, the applicant presented to obtain a Synvisc injection. He was described as status post earlier knee arthroscopy and earlier Kenalog injection. The applicant continued to have issues with difficulty moving his knee. On November 1, 2013, the applicant was described as having arthritic changes about the right knee. It was stated that the applicant would ultimately need a total knee arthroplasty. Synvisc injections were sought. It was stated that the applicant had reportedly derived benefit from earlier Synvisc injections. On November 12, 2012, the applicant was given a 54% whole-person impairment rating.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC ORAL CAPSULE DELAYED-RELEASE 20MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN CHAPTER and the FOOD AND DRUG ADMINISTRATION (FDA).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 69.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that proton pump inhibitors, such as Prilosec are indicated in the treatment of non-steroidal anti-inflammatory drug (NSAID) induced dyspepsia. In this case, however, there is no specific mention of dyspepsia, reflux, and/or heartburn raised on any recent progress notes, either NSAID induced or stand-alone. Therefore, the request is not medically necessary, on Independent Medical Review.

FLECTOR PATCH 1.3% #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

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

Decision rationale: Flector is a derivative of topical Voltaren (diclofenac). The Chronic Pain Medical Treatment Guidelines indicate that topical Voltaren is recommended for the relief of arthritis pain in small joints, which lend themselves toward topical treatment, including the knee. In this case, the applicant reportedly has advanced knee arthritis. Usage of Flector patches to combat the same is indicated and appropriate. Therefore, the request is medically necessary.

SYNVISC ONE 48MG(6ML) FOR LEFT 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 CHAPTER, and the article, EFFICACY OF INTRAARTICULAR HYALURONIC ACID INJECTIONS IN KNEE OSTEOARTHRITIS (EVANICH, J. DAVID, ET. AL., CLINICAL ORTHOPAEDICS & RELATED RESEARCH (390): 173-181, SEPTEMBER 2001).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 3RD EDITION, KNEE CHAPTER, VISCOSUPPLEMENTATION INJECTION.

Decision rationale: The ACOEM Guidelines indicate that viscosupplementation or Synvisc injections are recommended in individuals with advanced arthritis who intend to use injections as a means of avoiding surgery. In this case, the applicant reportedly has advanced knee arthritis, according to the attending provider, and wants to use the Synvisc injections to avoid a surgical remedy. The Guidelines support Synvisc injections in the arthritis context present here. Furthermore, the applicant and attending provider has seemingly believes that the applicant's pain and stiffness have been reduced, to some degree, with the earlier Synvisc injections. Therefore, the proposed repeat Synvisc injection is medically necessary, on Independent Medical Review.