

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0067775 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 02/02/2010 |
| Decision Date: | 08/15/2014 | UR Denial Date: | 11/26/2013 |
| Priority: | Standard | Application Received: | 12/18/2013 |

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, has 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 applicant is a represented [REDACTED] employee who has filed a claim for low back and knee pain reportedly associated with an industrial injury of February 2, 2010. 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; NSAIDs therapy; an H-wave device; and work restrictions. In a Utilization Review report dated November 19, 2013, the claims administrator apparently partially certified a request for Synvisc or viscosupplementation injections, Naprosyn, and Prilosec while denying Biotherm and Theraflex. Apparently, there was some dispute as to what was granted and what was not granted, the claims administrator wrote to the Independent Medical Reviewer in addition on June 20, 2014 stating that only Biotherm and Theraflex, the topical compounds, were, in fact, in dispute. In a progress note dated March 19, 2014, the applicant was described as having persistent complaints of knee pain. Hyalgan injections had reportedly failed. The applicant was having pain with ambulation and intermittent buckling of the knee. The applicant was status post knee arthroscopy on June 6, 2010 and had MR arthrography of August 2013 which demonstrated a new lateral meniscal tear. Overall, level of pain ranged from 4-7/10. A 30-day trial of an H-wave device was sought. It was suggested that the applicant was using Naprosyn and Norco. The applicant had a 25-pound lifting limitation that was endorsed. It was not clear whether the applicant was in fact working or not with said limitation in place. On February 17, 2014, it was stated that the applicant had received a series of five Hyalgan injections over early 2014. On December 20, 2013, the attending provider stated that the applicant had 8/10 knee severity with no improvement despite ongoing usage of Naprosyn and Prilosec. Norco was introduced, as was a home exercise kit. In an earlier progress note of December 2, 2013, the attending provider stated that the applicant had persistent complaints of knee pain. Naprosyn, home exercise kit, Theraflex, and Biotherm were renewed.

Again, 25-pound lifting limitation was endorsed. There was no mention or discussion of medication efficacy incorporated into the note. A December 17, 2013 medical-legal report was notable for comments that the applicant had an x-ray of the left knee which was interpreted as normal as of that point in time. An MRI of left knee of February 8, 2013 was notable for tricompartmental osteoarthritic changes following an intermedullary rod placement. Degeneration versus possible maceration of the lateral meniscus was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYALGAN (VISCOSUPPLEMENTATION) X 5 TO THE LEFT KNEE: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Knee Chapter, Injection section.

Decision rationale: The MTUS does not address the topic of viscosupplementation injections. As noted in the Third Edition ACOEM Guidelines Knee Chapter, viscosupplementation injections are indicated in the treatment of knee arthritis and, at times, residual knee pain following a meniscectomy surgery. In this case, the applicant apparently has clinical and radiographic evidence of tricompartmental knee arthritis at age 34, following multiple knee surgeries. While the Hyalgan injections were ultimately unsuccessful, they were nevertheless indicated, on trial basis on or around the date of the Utilization Review report. Therefore, the request was medically necessary.

NAPROXEN 550 MG: 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 page 22, Anti inflammatory Medicine topic.2. MTUS page 7. Page(s): 22, 7.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge anti-inflammatory medications such as Naprosyn do represent the traditional first line treatment for various chronic pain conditions, including chronic low back and knee pain reportedly present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, there has been no mention of medication efficacy incorporated into any recent progress note. The applicant's response to ongoing usage of Naprosyn has not been detailed. At least one progress note, however, referenced above, suggested that the applicant reports 8/10 pain, despite ongoing usage of Naprosyn. There is no mention of any improvement

in perform of activities of daily living achieved because of ongoing Naprosyn usage. For all the stated reasons, then, the request is not medically necessary.

PRILOSEC 20 MG #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 page 69. Page(s): 69.

Decision rationale: While page 69, of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitor such as Prilosec to combat NSAID-induced dyspepsia, in this case, however, the progress notes provided make no mention of any active issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand alone. Prilosec is not indicated here. Therefore, the request is not medically necessary.

THERAFLEX ULTRA 180 GMS 20%/10%/8%: 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 pages 111-113, Topical Analgesics topic. Page(s): 111-113.

Decision rationale: One of the principal ingredients in the compound is Flexeril, a muscle relaxant. However, as noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Flexeril are not recommended for topical compound formulation purposes. Since one or more ingredients in the topical compound is not recommended, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

BIO-THERM PAIN RELIEVING LOTION 120 GM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines page 111, Topical Analgesic topic. Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are first-line palliative method. In this case, the applicant's ongoing usage of numerous first line oral pharmaceuticals, including Norco and Naprosyn, effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems

largely experimental topical agents such as the compound in question. Therefore, the request is not medically necessary.