

Case Number:	CM13-0069572		
Date Assigned:	01/03/2014	Date of Injury:	09/06/2001
Decision Date:	08/06/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/23/2013

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 claimant was injured on 09/06/01 when she slipped and fell. She has a diagnosis of monoarthritis of the left leg. A knee injection with Celestone, acupuncture, and Ultram are under review. On 12/16/13, these requests were non-certified and a urine drug screen was certified. She has chronic pain involving her right knee. She also has morbid obesity. She saw the treating physician on 11/13/13 and her knee had given way and she fell 2 weeks before the exam. She reported a feeling that the knee had locked. She had previous knee surgery. She reportedly had previous acupuncture treatment that failed to produce functional improvement. She has been taking tramadol since at least November 2012 with no clinical documentation of a satisfactory response to treatment. She had an AME on 08/11/11 and had multiple areas of complaints including the neck, upper back, bilateral shoulders, arms, low back and bilateral lower extremities, right elbow, bilateral hands and wrists, bilateral knees, left foot, bilateral ankles, head, and neurologic and vascular systems. She reported constant right knee pain. She has had extensive treatment and multiple imaging studies including MRI of the knee. She had a series of injections to her knees with no benefit. The last injection was 2 months before and the injections were discontinued. She saw the treating physician on 02/04/13 for psychological factors and was depressed, confused, anxious, and overwhelmed. She is status post left knee total knee arthroplasty and on 02/08/13 reported ongoing pain to her left knee. She also had right knee pain due to compensation and prior right knee surgery. The right knee had medial femoral condyle pain and reduced range of motion with a slow and antalgic gait. She was prescribed medications and continued therapy for her left knee. The use of tramadol and hydrocodone were certified in early 2013. She saw the treating physician on 02/20/13. Her left knee pain was worse than the right. She apparently had acupuncture. There is no description of her course of treatment. It is not clear what was treated with acupuncture. Facet medial branch blocks were recommended.

Work conditioning was recommended. An MRI of the right knee on 12/28/01 revealed tears of the posterior horn of the medial and lateral menisci and a likely tear of the anterior horn of the medial meniscus. She reported on 11/13/13 that her finger triggering had stopped and her hands were doing relatively well. On 05/20/14, she saw the treating physician. She reported acupuncture was of limited benefit. She saw the treating physician on 05/27/14. She was seen for her neck and shoulders, low back and knees. She was taking tizanidine, tramadol, Norco, gabapentin, and Prozac which she stated were helping her. She was attending water therapy. She was in no acute distress but was obese and was using a cane. There was severe tenderness of the bilateral medial and lateral knees. She had swelling. Patella grind maneuver was positive and patellar tendon tracking was abnormal. Epidural steroid injections are under consideration. An updated lumbar spine CT scan, weight loss and gastric surgery consultation were recommended. A knee brace and additional water therapy were ordered. She was prescribed Norco, tramadol, gabapentin, tizanidine, and Restoril. She has a diagnosis of carpal tunnel syndrome but there was no mention of her hands and no physical examination. On 06/17/2014, she saw the treating physician for neck and low back pain and her knees were not mentioned. She had difficulty with functional limitations with her hands. Her right knee and hands were not described.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE INTRA-ARTICULAR INJECTION INTO THE RIGHT KNEE CONSISTING OF 2CC OF CELESTONE AND 6CC OF LIDOCAINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The history and documentation do not objectively support the request for an intra-articular injection of 2 cc of Celestone and 6 cc of lidocaine for the right knee. The ODG state corticosteroid injections may be recommended for short-term use only. Intra-articular corticosteroid injection results in clinically and statistically significant reduction in osteoarthritic knee pain 1 week after injection. The beneficial effect could last for 3 to 4 weeks, but is unlikely to continue beyond that. The evidence supports short-term (up to two weeks) improvement in symptoms of osteoarthritis of the knee after intra-articular corticosteroid injection. Criteria for Intraarticular glucocorticosteroid injections includes documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following, bony enlargement, bony tenderness, crepitus (noisy, grating sound) on active motion, erythrocyte sedimentation rate (esr) less than 40 mm/hr, less than 30 minutes of morning stiffness, no palpable warmth of synovium, over 50 years of age, rheumatoid factor less than 1:40 titer (agglutination method), synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³), not controlled adequately by recommended conservative treatments (exercise, NSAIDs or acetaminophen) pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, intended for short-term control of symptoms to resume conservative medical

management or delay TKA, generally performed without fluoroscopic or ultrasound guidance, absence of synovitis, presence of effusion preferred (not required), aspiration of effusions preferred (not required) only one injection should be scheduled to start, rather than a series of three, a second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response, with several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option, the number of injections should be limited to three. In this case, the claimant's history of treatment for her right knee since her fall in May 2014 is not entirely clear. She stated her knee gave way and she fell two weeks before but it is not clear which knee gave way or which was injured and she has chronic problems with both knees. There is no indication that she is involved in an ongoing rehab program for her right knee that will be continued in conjunction with injection therapy. The above criteria have not been met as the physical examination has not been described as including bony enlargement, tenderness, or crepitus. Patellofemoral findings were noted but not intra-articular findings. The above listed laboratory studies have not been documented, including ESR or rheumatoid factor. The medical necessity of this request has not been clearly demonstrated. As such, the request is not medically necessary.

8 ACUPUNCTURE SESSIONS FOR THE BILATERAL HANDS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The history and documentation do not objectively support the request for 8 acupuncture sessions for the bilateral hands. The MTUS Acupuncture Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows, time to produce functional improvement 3 to 6 treatments, frequency should be 1 to 3 times per week but for optimum duration 1 to 2 months and acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(ef). The claimant has a diagnosis of carpal tunnel syndrome (unilateral vs. bilateral is unknown) and has reported problems with function of her hands but she has had no recent findings documented and the previous acupuncture gave her limited benefit. It is not clear, however, whether she has had acupuncture for her hands. It is also not clear whether or not she has been involved in an ongoing rehab program for her hand symptoms/diagnoses. The medical necessity of 8 acupuncture sessions for the hands has not been demonstrated. As such, the request is not medically necessary.

ONE PRESCRIPTION OF ULTRAM 50MG #80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol
Page(s): 145, 94.

Decision rationale: The history and documentation do not objectively support the request for Tramadol. The CA MTUS p. 145 state tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Also, the MTUS state relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur, determine the aim of use of the medication; determine the potential benefits and adverse effects; determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, a record of pain and function with the medication should be recorded (Mens 2005). There is no documentation of trials and failure of or intolerance to other more commonly used first line drugs. The expected benefit or indications for the use of this medication have not been stated. The claimant was also prescribed hydrocodone and it is not clear why she would need two opioid type medications or her pattern of use of tramadol and what functional benefit she received from it. Under these circumstances, the medical necessity of this request for Tramadol 50 mg #80 has not been clearly demonstrated. As such, the request is not medically necessary.