

Case Number:	CM14-0009955		
Date Assigned:	02/21/2014	Date of Injury:	09/08/2001
Decision Date:	06/25/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/27/2014

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 Interventional Spine 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 patient is a 57-year-old female with date of injury 9/8/01. The treating physician report dated 1/6/14 indicates that the patient presents with pain affecting the lower back, bilateral legs and right knee that is constant and moderate. The current diagnoses are 1.Thoracic lumbosacral neuritis; 2.Displaced intervertebral discs; 3.Lumbago; 4.Lumbosacral spondylosis; 5.Pain joint lower leg; 6.Osteoarthritis local lower leg; 7.Displaced cervical intervertebral discs. The utilization review report dated 1/21/14 denied the request for Colace and 3 Euflexxa injections based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLACE 100MG #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS-CRITERIA FOR USE,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioid-induced constipation treatment

Decision rationale: The patient presents with chronic back and neck pain as well as right knee pain. The current request is for Colace 100mg #60. The treating physician report dated 1/16/14 states the patient's lower back pain is worsening and the patient has worsening right knee pain with weight bearing. There is no documentation of any constipation. The MTUS Guidelines state that for constipation due to opioid use, "Prophylactic treatment of constipation should be initiated." The records reviewed show that the patient has been prescribed OxyContin and Vicodin. The patient has been stable on opioids with Colace without documentation of constipation. MTUS states prophylactic treatment of constipation is recommended. Recommendation is for medical necessity.

THREE (3) EUFLEXXA INJECTIONS IN SERIES FOR THE RIGHT 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, Knee & Leg (Acute & Chronic) Chapter, Hyaluronic acid injections.

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

Decision rationale: The patient presents with chronic back and neck pain as well as right knee pain. The current request is for 3 Euflexxa injections in series for the right knee. The treating physician report dated 1/6/14 states, "Right knee flexion 110, extension -5 with one plus effusion, tenderness over the medial and lateral joint line to have the patella. Will seek authorization for Euflexxa injection, a series of three spaced one week apart." The MTUS Guidelines do not address Hyaluronic acid injections. The ODG Guidelines do recommend Hyaluronic acid injections for patients with symptomatic osteoarthritis. Review of the Agreed Medical Evaluation (AME) report dated 8/8/13 indicates that the patient has positive MRI of the right knee dated 5/2/13 that states, "focal loss of cartilage with subarticular osteophyte formation along the weight bearing surface of the medial femoral condyle." The treating physician has documented that the patient has significantly symptomatic osteoarthritis that has not responded to conservative treatments after at least 3 months of treatment. There are documented MRI findings to support osteoarthritis and the patient has pain that interferes with functional activities. The criteria of the ODG guidelines have been documented in this case. Recommendation is for medical necessity.