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| Case Number: | CM14-0013865 | | |
| Date Assigned: | 02/26/2014 | Date of Injury: | 03/28/2003 |
| Decision Date: | 06/26/2014 | UR Denial Date: | 01/02/2014 |
| Priority: | Standard | Application Received: | 02/03/2014 |

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 and 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 63 year old with an injury date on 3/28/13. Based on the 12/19/13 progress report provided by [REDACTED] the diagnoses are: 1. History of industrial injury to the right knee on March 28, 2003, while employed by the [REDACTED]. 2. Status post patellar tendon rupture with previous history of right knee arthroscopy with revision excision of parameniscal cyst on October 2010 3. Kenalog injection to the right knee on 1/3/13 and 10/31/13 4. Status post revision right knee arthroscopy on 5/21/12. 5. Type 2 diabetes, which is controlled. 6. Synvisc One to the right knee on 1/24/13 and 8/12/13 Exam on 12/19/13 showed "well-healed arthroscopic portals and previous incisions on right knee. He has range of motion from 0 to 115 degrees. Manual muscle testing is 4/5 with flexion and extension tenderness to medial and lateral compartment." [REDACTED] is requesting retrospective (DOS: 12/24/13) Celebrex 200mg #30 and continue with synvisc one injection every 6 to 12 months for the right knee. The utilization review determination being challenged is dated 1/2/14, refuting Celebrex due to non-necessity of patient taking 3 NSAIDS (including Motrin and Naprosyn), and rejecting synvisc citing lack of documentation of prior injection's benefit. [REDACTED] is the requesting provider, and he provided treatment reports from 7/1/13 to 1/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE (DOS: 12/24/13) CELEBREX 200MG, #30: Upheld

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific.

Decision rationale: This patient presents with right knee pain and is s/p right knee arthroscopy from 5/23/12. The treater has asked retrospective (DOS: 12/24/13) Celebrex 200mg #30 and continue with synvisc one injection every 6 to 12 months for the right knee on 12/19/13. Review of 8/12/13 report shows patient has worsening right knee pain, and prior physical therapy had no benefit. On 12/15/13, patient has continued stiffness and pain in right knee exacerbated by bending, weight bearing. From 5/16/13 AME, patient is currently taking Metformin, Aspirin, Omeprazole, Glipizide, Ibuprofen, Cingular, Celebrex, and Naproxen. No mention in progress reports of medications or duration of administration. Regarding NSAIDS, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. In this case, the treater does not include documentation of how long patient has been taking Celebrex, nor pain and function related to its use. MTUS page 60 requires pain and function documentation for medication use in chronic pain. The treater also does not explain why the patient is on three different NSAIDs, and if one were to count ASA, it is actually 4 different NSAIDs. It does not appear that the treater is keeping track of what this patient is really taking and with what benefit. Recommendation is not medically necessary.

CONTINUE WITH SYNVISIC ONE INJECTION EVERY 6 TO 12 MONTHS FOR THE RIGHT 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 ODG-TWC guideline has the following regarding hyaluronic acid injections: (<http://www.odg-twc.com/odgtwc/knee.htm#Hyaluronicacidinjections>) Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best.

Decision rationale: Patient had synvisc injection on right knee on 8/12/13 with benefit, and another synvisc injection on 1/24/13 and effects wore off 8/12/13 per 10/31/13 report. Patient has not had physical therapy in last seven months since recent right knee exacerbation per 10/31/13 report. On 7/1/13, treater recommends synvisc injection to hold off future total knee arthroplasty. Treater requests injection "for his right knee as he has stiffness, achiness and pain with evidence of osteoarthritis based on operative findings and medial compartment joint space narrowing based on most recent weight-bearing x-rays" per 7/1/13 report. On 8/12/13, patient

reports worsening right knee pain, and prior physical therapy had no benefit. Regarding hyaluronic acid injections, ODG recommends as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement. In this case, patient has failed conservative treatment, is attempting to avoid future knee replacement, and has symptoms of osteoarthritis per ODG guidelines. Prior synvisc injection was effective past 6 months, and a second injection is reasonable for patient's chronic knee pain. The request is for an open-ended injection every 6-12 months. ODG recently updated their recommendation and does support repeat injections as these injections can delay knee replacement for a long time. Given the guidelines support, recommendation is medically necessary.