

Case Number:	CM14-0121931		
Date Assigned:	08/06/2014	Date of Injury:	06/09/2011
Decision Date:	10/01/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/01/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 32 year old gentleman was reportedly injured on June 9, 2011. The mechanism of injury is undisclosed. The most recent progress note, dated July 3, 2014, indicates that there are ongoing complaints of mid back pain with spasms and bilateral knee pain with locking and popping. The physical examination demonstrated spasms and tenderness along the thoracic spine paravertebral muscles, medial and lateral joint line tenderness and patellofemoral crepitus of both knees, tenderness at the right knee popliteal fossa, and lower extremity neurological examination was normal. Diagnostic imaging studies of the bilateral knees revealed no joint space narrowing. Previous treatment includes oral medications and Synvisc injections. A request was made for Lidoderm patches, Norco 5/325, Robaxin, and three Synvisc injections for the right knee and was not certified in the preauthorization process on July 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5% #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56, 57, 112.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines support the use of topical Lidocaine for individuals with neuropathic pain that have failed treatment with first line therapy including antidepressants or antiepilepsy medications. Review of the available medical records, fails to document signs or symptoms consistent with neuropathic pain or a trial of first line medications. As such, this request for Lidoderm patches 5 percent is not medically necessary.

Norco 5/325mg #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines support short acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. Additionally a letter dated June 26, 2014, indicated minimal improvement with the usage of Norco. As such, this request for Norco 5/325 is not medically necessary.

Robaxin 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Robaxin is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations and review of the medical records indicates that this medication has been prescribed on a chronic basis. As such, this request for Robaxin is not medically necessary.

Synvisc injections right knee #3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: The American College of Occupational and Environmental Medicine supports viscosupplementation injections for chronic moderate to severe knee osteoarthritis that has been nonresponsive to noninvasive treatments. Radiographs of the bilateral knees revealed that there is no joint space narrowing indicating the absence of osteoarthritis. Additionally prior Synvisc injections were not noted to provide significant relief. For these reasons, this request for three Synvisc injections for the right knee is not medically necessary.