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| Case Number: | CM14-0129204 | | |
| Date Assigned: | 08/18/2014 | Date of Injury: | 10/08/2008 |
| Decision Date: | 09/18/2014 | UR Denial Date: | 07/15/2014 |
| Priority: | Standard | Application Received: | 08/13/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 55 year old male who had a work related injury on 10/08/08. There is no documentation of mechanism of injury. The most recent clinical note submitted for review is on 04/09/14. The injured worker complains of a lot of pain and discomfort involving multiple body parts. Physical examination reveals swelling and bruising of the bilateral knees. The injured worker walks with a straight point cane and has decreased strength in the legs. There was decreased range of motion in the left shoulder. The injured worker underwent arthroscopy of his left knee on 03/26/14 and underwent medial meniscectomy and debridement of his knee. On an office visit on 03/04/14 the injured worker walked with a limp. It's noted that he had loosened the strap to accommodate the swelling and there was trace effusion in the knee. He had moderate joint line tenderness, medial greater than lateral. Quadriceps and patellar tendon remained tender and unchanged. Range of motion was from 0-95 degrees with pain, most significant at extreme flexion. He had no focal motor or sensory deficits distally. Prior utilization review on 07/15/14 was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc one right knee qty:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Synvisc is recommended for Patients experiencing significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic exercise and pharmacologic treatments or are intolerant of therapies such as gastrointestinal problems related to anti-inflammatory medications, after at least 3 months. There is no clinical evidence submitted documenting the criteria for the Synvisc injection. The request is not medically necessary.

Acupuncture x 12 sessions Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Pain.

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

Decision rationale: Acupuncture is recommended as an option for some conditions while using a short course in conjunction with other interventions and is recommended for osteoarthritis. There is no clinical evidence that the injured worker has osteoarthritis. The request is not medically necessary.

Flurbiprofen Pa 80g refills: 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Chronic Pain Medical Treatment Guidelines state, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and or failed. California Medical Treatment Utilization Schedule, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains: flurbiprofen which has not been approved for transdermal use. There is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. This compound is not medically necessary as it does not meet established and accepted medical guidelines.