

Case Number:	CM14-0133258		
Date Assigned:	08/22/2014	Date of Injury:	11/03/2004
Decision Date:	09/25/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/20/2014

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 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 injured worker is a 46-year-old female who reported an injury on 11/03/2004 due to cumulative trauma. Diagnoses were carpal tunnel syndrome on the right, treated with conservative care with no injection or surgery, impingement syndrome of the shoulder on the left for which there has been no MRI, treated conservatively with no injections or surgery. With the MRI showing bicipital tendinitis, intra-articular labral tear and bursal and articular surface of the rotator cuff on the right. No weight gain, the injured worker has an element of sleep, stress, and depression. Past treatments have been medications, epidural steroid injections to the lumbar spine, and a TENS unit. Diagnostic study was an MRI of the right knee prior to surgery that revealed an ACL partial injury. The injured worker also had an MRI of the low back in 2009 that revealed a disc at the L5-S1 protrusion and facet changes with fluid buildup at L3-4 and L4-5. Repeat MRI was done in 2011 not showing any major changes. Standing x-rays in the past revealed a 2 mm articular surface, left. The injured worker had surgery on the right knee in 2006. Physical examination on 08/28/2014 revealed pain rated at a 6/10 to 10/10. The injured worker is on Norco, which was reported to decrease the pain down to a 2/10 and provided pain relief and allowed her to continue work. She also is on Soma for spasm, which was helpful in managing symptoms. It was reported that pain effected sleep by waking the injured worker up at night. Examination revealed right upper extremity laterally abducts to 115 degrees. Right wrist flexion was to 25 degrees and extension was to 25 degrees. There was no swelling noted. Medications reported were Norco and Soma. Plan was to continue medications as directed, request for a low back brace, replace brace, hot compression garment, unloading brace right knee, and Synvisc injection to the right knee. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco; Ongoing Management Page(s): 75; 78.

Decision rationale: The request for Norco 10-325mg #120 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend short acting opioids, such as Norco, for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. Although the injured worker has reported pain relief and functional improvement from the medication, the request does not indicate a frequency for the medication. Therefore, it is not medically necessary.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29,65.

Decision rationale: The request for Soma 350mg #90 is not medically necessary. The California Medical Treatment Utilization Schedule states that Soma (Carisoprodol) is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has been noted in order to augment or alter effects of other drugs. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. Tapering should be individualized for each injured worker. The guidelines recommend that this medication should not be taken for longer than a 2 to 3 week period. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. The request submitted does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Low back brace QTY:1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The request for Low back brace QTY: 1 is not medically necessary. The ACOEM Guidelines indicate that lumbar support has not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. The medical guidelines do not support the use of back braces. Therefore, it is not medically necessary.

Replacement brace QTY:1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 75.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The request for Replacement brace QTY: 1 is not medically necessary. The ACOEM Guidelines indicate that lumbar support has not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. The medical guidelines do not support the use of back braces. Therefore, it is not medically necessary.

Hot compression garment QTY:1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 38.

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

Decision rationale: The request for hot compression garment QTY: 1 is not medically necessary. The Official Disability Guidelines states compression garments are recommended. Good evidence for the use of compression is available, but little is known about dosimetry in compression, for how long, and at what level compression should be applied. Low levels of compression, 10 mm to 30 mm Hg, applied by stockings are effective in management telangiectasia after sclerotherapy, varicose veins in pregnancy, and the prevention of edema in deep vein thrombosis. High levels of compression produced by bandaging and strong compression stockings are effective at healing leg ulcers and preventing progression of post thrombotic syndrome, as well as in the management of lymphedema. The request does not indicate what the hot compression garment was for. It was not reported for what part of the body it was to be used for. The medically necessity was not reported. Therefore, it is not medically necessary.

Unloading brace right knee QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

Decision rationale: The request for Unloading brace right knee QTY: 1 is not medically necessary. ACOEM states a brace can be used for patellar instability. Anterior cruciate ligament (ACL tear), or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the injured worker's confidence) than medical. Usually, a brace is necessary only if the injured worker is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average injured worker, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. The medical necessity for the unloading brace for the right knee was not reported. It was not reported if the injured worker was to be stressing the knee under load, such as climbing ladders or carrying boxes. Therefore, the request for Unloading brace right knee QTY: 1 is not medically necessary.

Synvisc injection to right knee QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC.

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

Decision rationale: The request for Synvisc injection to right knee QTY: 1 is not medically necessary. The Official Disability Guidelines criteria states for injured workers who experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacological (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months. There should be documented symptomatic severe osteoarthritis of the knee, which may include the following: bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, and no palpable warmth of the synovium, and over 50 years of age. The pain should interfere with functional activities and not be attributed to other forms of joint disease. It should be documented that there is failure to adequately respond to aspiration and injection of intra-articular steroids, and generally performed without fluoroscopic or ultrasound guidance. The injured worker should not currently be a candidate for total knee replacement and should have failed previous knee surgery for arthritis, unless younger injured workers wanting to delay total knee replacement. Repeat series of injections, it should be documented as a significant improvement in symptoms for 6 months or more, and if symptoms reoccur, it may be reasonable to do another series. Hyaluronic acid injections are not recommended for any other indications, such as chondromalacia patella, facet joint arthropathy, osteochondritis dissecans, or patella foraminal arthritis, patella foraminal syndrome, plantar

nerve entrapment syndrome, or for use in joints other than the knee. It was not reported in the physical examination that the injured worker was having problems with her right knee. There is no diagnosis of osteoarthritis of the right knee. Therefore, the request for Synvisc injection to right knee QTY: 1 is not medically necessary.