

Case Number:	CM14-0175931		
Date Assigned:	10/29/2014	Date of Injury:	05/08/2001
Decision Date:	12/11/2014	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	10/23/2014

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:

This is a 65-year-old female with a 5/8/01 date of injury. The mechanism of injury occurred when she was climbing down stairs, she missed a step and landed on her left leg. According to an appeal note dated 10/23/14, the patient reported pain in the left and right knees and was morbidly obese. She manages her pain with anti-inflammatory medications. The patient received Hyalgan knee injections to her right and left knee on 5/6/14 and 5/9/14. She had a 50% improvement in pain after injections. She has been following a diet regimen for her diabetes and has been trying to lose weight; however, she feels that it has been difficult to continue to lose weight. Objective findings (from a 10/9/14 visit): weight: 289 pounds, height: 5 feet 3 inches: BMI: 51.2, knee pain in flexion and extension, joint line tenderness both medially and laterally bilaterally, significant edema in bilateral lower extremities. Diagnostic impression: morbid obesity, obstructive and central sleep apnea, asthma, diabetes, history of CHF, arthritis, chronic degenerative changes with tear of posterior horn of left medial meniscus and questionable tear of left ACL. Treatment to date: medication management, activity modification, acupuncture, physical therapy, TENS trial. A UR decision dated 10/18/14 denied the requests for Hyalgan knee injection, weight loss program, topical diclofenac sodium 1.5%, and modified the request for Naprosyn 500mg #60 from 3 refills to zero refills. Regarding Hyalgan, the records indicated the most recent injection to the knees were on 5/6/14 and 5/9/14, making the period between the procedure and most recent evaluation less than the 6 months requested by the guidelines. Regarding weight loss program, it does not appear the patient has exhausted attempts at conservative treatment for weight loss. Regarding topical diclofenac sodium 1.5%, topical application of diclofenac is recommended by the guidelines for joints, however, at a 1% dose. Regarding Naprosyn, the patient was to be re-evaluated in 4 weeks. Based on the guidelines and records, the request was modified to a one-month supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Hyalgan knee injection bilaterally: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 and Leg Chapter - Hyaluronic acid injections Other Medical Treatment Guideline or Medical Evidence: Peer-reviewed literature ('Efficacy of Intraarticular Hyaluronic Acid Injections in Knee Osteoarthritis')

Decision rationale: CA MTUS does not address this issue. ODG recommends viscosupplementation injections in patients with significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies; OR is not a candidate for total knee replacement or has failed previous knee surgery for arthritis; OR a younger patient wanting to delay total knee replacement; AND failure of conservative treatment; AND plain x-ray or arthroscopy findings diagnostic of osteoarthritis. For repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. In the present case, this patient received Hyalgan knee injections to her right and left knee on 5/6/14 and 5/9/14. She had a 50% improvement in pain after injections. However, guidelines require a minimum of documented significant improvement in symptoms for 6 months or more for consideration of a repeat series of injections. The medical records submitted for review do not show that the employee has had significant improvement in symptoms for 6 months or more. 6 months have not elapsed since the dates of her initial injections and the date of the initial request. Therefore, the request for 1 Hyalgan knee injection bilaterally is not medically necessary.

1 medically supervised weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Collage of physicians

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Annals of Internal Medicine, Volume 142, pages 1-42, January 2005 "Evaluation of the Major Commercial Weight Loss Programs." by Tsai, AG and Wadden, TA; Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs

Decision rationale: CA MTUS and ODG do not address this issue. Physician supervised weight loss programs are reasonable in patients who have a documented history of failure to maintain their weight at 20 % or less above ideal or at or below a BMI of 27 when the following criteria

are met: BMI greater than or equal to 30 kg/m; or a BMI greater than or equal to 27 and less than 30 kg/m and one or more of the following comorbid conditions: coronary artery disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140 mm Hg or diastolic blood pressure greater than or equal to 90 mm Hg on more than one occasion), obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL ; or LDL cholesterol greater than or equal to 160 mg/dL; or serum triglyceride levels greater than or equal to 400 mg/dL. However, weight loss is medically necessary because morbid obesity is a recognized Public Health and CDC identified health risk. In the present case, it is noted that the patient has tried losing weight on her own and has been on a diet for her diabetes. However, there is no documentation of the type of diet she has tried or the specifics of her weight loss efforts. A specific rationale identifying why this patient requires a medically supervised weight loss program as opposed to self-weight loss was not provided. In addition, there is also a lack of specifics regarding the request, including duration and frequency. Therefore, the request for 1 medically supervised weight loss program is not medically necessary.

Topical diclofenac sodium 1.5% 60 gm #2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 25,28,111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other Anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines do not support the use of NSAID medications for topical use. The only formulation of the NSAID, Diclofenac, approved for topical use is commercially available in a 1% formulation. A specific rationale identifying why this particular topical formulation of Diclofenac would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Topical Diclofenac sodium 1.5% 60gm #2 is not medically necessary.

Naprosyn 500 mg # 60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies

have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In the present case, it is noted that her pain is managed with the use of her anti-inflammatory pain medications. Guidelines support the continued use of NSAID medications with documented functional improvement. However, this is a request for a 4-month supply of medication. According to a progress report dated 10/9/14, the patient will be seen in 4 weeks for a follow-up. A specific rationale identifying why this patient requires a 4-month supply of medication at this time was not provided. Therefore, the request for Naprosyn 500 mg # 60 with 3 refills was not medically necessary.