

Case Number:	CM14-0022441		
Date Assigned:	05/09/2014	Date of Injury:	04/12/2011
Decision Date:	07/10/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/21/2014

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 58-year-old female with a date of injury of 04/12/2011. The listed diagnoses per [REDACTED] are: 1. Right knee early medial compartment arthritis; and 2. Right knee pain. According to progress report dated 10/29/2013 by [REDACTED], the patient presents with continued discomfort in the right knee mainly toward the medial aspect. An examination revealed right knee effusion. There is tenderness over the medial joint line and mild discomfort laterally. The patient requests a trial of Synvisc or Euflexxa. The patient's medication regime includes anti-inflammatory medication, Percocet 10/325 mg, Soma 350 mg, and Voltaren extended release 100 mg. On 01/02/2014, the patient continued with her discomfort of the right knee. The treater recommended a refill of Percocet 10/325 #120 and Soma 350 mg #120 and "would like to schedule her for a Euflexxa injection series." Utilization review denied the requests on 01/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EUFLEXXA SERIES: 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), ODG-TWC, hyaluronic acid injections (<http://www.odg-twc.com/odgtwc/knee.htm#Hyaluronicacidinjections>).

Decision rationale: This patient presents with continued right knee pain. The treater would like the patient to trial "Euflexxa injection series." Euflexxa is a 1% sodium hyaluronate. The ACOEM and MTUS do not discuss Hyaluronic acid knee injections. The Official Disability Guidelines recommend Hyaluronic acid injection as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments, such as exercise, non-steroidal anti-inflammatory drugs (NSAIDs), or acetaminophen; to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. Given the patient's right knee arthritis and failed conservative care, a series of Hyaluronic injections may be warranted at this time.

PERCOCET 10/325 MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids, criteria for use; Opioids for chronic pain Page(s): 60-61, 88-89; and 80-81.

Decision rationale: This patient presents with continued right knee pain. The treater is requesting Percocet 10/325 mg #120. The Chronic Pain Guidelines require a "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." The guidelines indicate that "The 4 A's for ongoing monitoring" are required, which include analgesia, ADL's (activities of daily living), adverse side effects, and aberrant drug-seeking behavior. The medical records indicate that this patient was first prescribed Percocet on 08/22/2013. Reports dating from 09/09/2013 to 01/14/2014 provide no discussions on pain reduction or any specific functional improvement from taking Percocet. The treater also does not provide a "pain assessment" or any outcome measures as required by the guidelines. Given the lack of sufficient documentation, the patient should slowly be weaned off of Percocet as outlined in the guidelines. The request is not medically necessary.

SOMA 350 MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Muscle relaxants (for pain) Page(s): 29 and 63.

Decision rationale: This patient presents with continued right knee pain. The treater is requesting Soma 350 mg #120. The Chronic Pain Guidelines indicate that carisoprodol (Soma) is not recommended, and is not indicated for long-term use. The guidelines also recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exasperations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most low back pain cases, they showed no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) and pain with overall improvement. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence. The patient has been prescribed Soma since 01/17/2013. Muscle relaxants are recommended for short-term use only. The request is not medically necessary.