

Case Number:	CM14-0028726		
Date Assigned:	06/16/2014	Date of Injury:	04/27/2001
Decision Date:	08/13/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/06/2014

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 Orthopedic Surgery and is licensed to practice in Florida. 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 60-year-old female who reported an injury on 04/27/2001 when she stumbled, lost her balance and fell onto her back. On the physical exam dated 02/10/2014, there was tenderness to palpation with muscle guarding over the paraspinal musculature, straight leg raise test was negative, and range of motion of the cervical spine was decreased. There was also tenderness to palpation to the right knee over the medial and lateral joint lines, as well as over the peripatellar region. Crepitus was present. There was light diffuse swelling. Range of motion of the right knee was measured flexion at 113 degrees and extension at 0 degrees. The injured worker's diagnoses were lumbar sprain/strain with bilateral lower extremities radiculitis with facet arthritis and bilateral sacroiliac joint sprain, status post knee arthroscopy dated 12/2007 and 05/2008 with slight degenerative changes, and left knee strain secondary to overcompensation right great toe strain. The injured worker's medications were Norco 2.5/325 mg, Voltaren XR 100 mg, and Fexmid 7.5 mg. The injured worker's past treatments and diagnostics were MRI scan of the right knee in 2006 and fluoroscopically-guided cannulation of the left L3-4 and L4-5 epidural interspace through a transforaminal approach for an infusion of local anesthesia and steroids. Other courses of treatment for the injured worker included physical therapy, medication, and a lumbar epidural steroid injection on 06/12/2007, 12/2007, and 02/2009 as well as 3 Synvisc injections that provided relief for 3 to 4 months. The treatment plan was for prospective request for 1 MR arthrogram of the right knee and 1 prescription for Fexmid 7.5 mg #60 modified to 1 prescription for Fexmid 7.5 mg #26.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 MR ARTHROGRAAM OF THE RIGHT KNEE:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 13 Knee Complaints Page(s): 13; 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, MR arthrography.

Decision rationale: The request prospective request for 1 MR arthrogram of the right knee is not medically necessary. The California Medical Treatment Utilization Schedule indicates that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. MRIs are superior to arthrography for both diagnosis and safety reasons. According to the Official Disability Guidelines (ODG), an MR arthrography is recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair, or for meniscal resection for more than 25%. Objective exam findings of the right knee revealed tenderness to palpation over the medial and lateral joint line, as well as over the peripatellar region. Range of motion was 113 degrees flexion and extension was 0 degrees. The injured worker is status post right knee arthroscopy dated 12/2007 and 05/2008 with slight degenerative changes. There was lack of clinical documentation on examination objectively or subjectively that would indicate that the injured worker was suspected of having a residual or recurring tear of the meniscus of the right knee. In addition, the injured worker reported overall 20% improvement with the Synvisc injections to the right knee. There is no mention on clinical documentation of plans for a future right knee. In the absence of clinical notation on the injured worker's functional limitation and functional deficits, no plans for future right knee surgery or for a residual or recurrent meniscal repair or for meniscal resection, the request is not supported by guidelines. As such, the prospective request for 1 MR arthrogram of the right knee is not medically necessary.

1 PRESCRIPTION FOR FEXMID 7.5 MG # 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 12; 299.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, page(s) 63 Page(s): 63.

Decision rationale: The request for 1 prescription for Fexmid 7.5 mg #60 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend a non-sedating muscle relaxant with caution as a second-line option for short-term treatment of exacerbations 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 show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time,

and prolonged use of some medications in this class may lead to dependence. The injured worker complained of low back pain radiating to the legs, but has some improvement with second lumbar spine epidural steroid injection. There was no documented pain assessment before medications or after medications. Also, there was no information notated on clinical visits as to how long it takes the medication to work and how long the relief lasts after the medication is taken. Furthermore, there was no information noted as to how long the injured worker has been taking this medication. There was no pain assessment as to pain before medication and pain after medication, as well as how long does it take the medication to work and how long does the relief last. There was lack of information as to the frequency for the proposed request. As such, the request for Fexmid 7.5 mg #60 is not medically necessary.