

Case Number:	CM14-0033111		
Date Assigned:	06/20/2014	Date of Injury:	06/28/2008
Decision Date:	07/31/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/14/2014

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 Neurology and is licensed to practice in Texas, Massachusetts and Ohio. 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 54-year-old female with a reported date of injury on 06/28/2008. The mechanism of injury was not submitted within the medical records. Her diagnosis was noted to include enthesopathy of the knee. Her previous treatments were noted to include medications and home exercise program. The progress report dated 03/03/2014 reported the injured worker complained of moderate pain to her right shoulder, as well as her left wrist and hand. The physical examination revealed tenderness, decreased range of motion, and 4/5 strength. Her medications were noted to include tramadol and lorazepam. The Request for Authorization Form was not submitted within the medical records. The request was for Hyalgan injection to the right knee 1 times per week times 3 for arthritis, tramadol 100 mg; however, the provider's rationale was not submitted within the medical records. The request is for urine drug testing for drug compliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyalgan injection for the right knee one (1) time per week times three (3) for arthritis:
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); Knee and Leg Chapter: Hyaluronic Acid Injections.

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, Hyaluronic Acid injections.

Decision rationale: The request for Hyalgan injection for the right knee 1 time per week times 3 for arthritis is non-certified. The injured worker has been diagnosed with enthesopathy of the knee. The Official Disability Guidelines recommend hyaluronic acid injections, where a series of 3 to 5 injections of Hyalgan are recommended as an option for osteoarthritis. The guidelines criteria for hyaluronic acid injections are patients experiencing significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic such as exercise and pharmacologic treatments or are intolerant of these therapies, after at least 3 months. The guidelines criteria state 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, no palpable warmth of synovium, and over 50 years of age. The criteria requires pain interferes with functional activities and no attributed to other forms of joint disease, failure to adequately respond to aspiration and injection of intra-articular steroids. The criteria also states in regards to repeat series of injections, if documented significant improvement symptoms for 6 months or more, and more symptoms reoccur, may be reasonable to do another series. The guidelines state hyaluronic acid injections are not recommended for any other indications such as chondromalacia patella, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome, plantar nerve entrapment, or for use in joints other than the knee because the effectiveness of hyaluronic acid injections for these indications has not been established. The documentation provided does not identify the injury as having a diagnosis of osteoarthritis of the knee that has not responded adequately to standard nonpharmacologic and pharmacologic treatments. The most recent progress notes do not contain physical examination findings with regard to the knee that would support the requested injection. Therefore, the medical necessity of Hyalgan injection is not supported in the current clinical context, and the request is not warranted at this time. Therefore, the request is not medically necessary.

Tramadol 100 mg.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The request for tramadol 100 mg is non-certified. The injured worker has been taking this medication since at least 12/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There is a lack of documentation regarding evidence of decreased pain on a numerical scale with the use of medications, improved functional status, and side effects. The

most recent urine drug screen performed 03/03/2014 reported positivity with tramadol which is consistent with therapy. Therefore, despite evidence of appropriate medication use, without details regarding evidence of significant pain relief, increased function and absence of adverse effects, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency in which this medication is to be utilized. As such, the request is not medically necessary.

Urine Drug Testing (UDT): 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); Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request for urine drug testing is non-certified. The injured worker had a urine drug screening on 03/2014 which was consistent with therapy. The California Chronic Pain Medical Treatment Guidelines recommend drug testing as an option, to assess for the use or the presence of illegal drugs. The guidelines also state the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control is recommended. There is a lack of documentation regarding the injured worker being at high risk for drug addiction, and the most recent drug screening was performed 03/2014 and therefore it is too early to perform an additional drug screen. As such, the request is not medically necessary.