

Case Number:	CM14-0054116		
Date Assigned:	07/07/2014	Date of Injury:	08/07/2000
Decision Date:	08/13/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/23/2014

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 and 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:

According to the records made available for review, this is a 65-year-old male with an 8/7/00 date of injury. At the time (4/7/14) of request for authorization for outpatient bilateral knee DepoMedrol/Lidocaine Injection Each Knee three (3) times and Pharmacy purchase of Norco 10/325 # 60 (X 6 months), there is documentation of subjective (increasing pain and stiffness in both knees and limited activity) and objective (left knee with moderate effusion and diffuse tenderness over the joint; right knee with moderate effusion and diffuse tenderness medially and laterally) findings, current diagnoses (chondrocalcinosis and osteoarthritis of the knees), and treatment to date (ongoing therapy with Norco and NSAIDs). Regarding outpatient bilateral knee DepoMedrol/Lidocaine Injection Each Knee three (3) times, there is no documentation of 2 additional criteria (Bony enlargement; Crepitus (noisy, grating sound) on active motion; Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Rheumatoid factor less than 1:40 titer (agglutination method); and/or Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³)); failure of additional conservative treatment (exercise); and only one injection scheduled to start, rather than a series of three. Regarding Pharmacy purchase of Norco 10/325 # 60 (X 6 months), there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient bilateral knee DepoMedrol/ Lidocaine Injection Each Knee three (3) times:
Upheld

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

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

Decision rationale: MTUS does not address this issue. ODG identifies documentation of symptomatic severe osteoarthritis of the knee, which requires knee pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and at least 5 of the following criteria: (Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age; Rheumatoid factor less than 1:40 titer (agglutination method); and/or Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³)); failure of conservative treatment (exercise, NSAIDs or acetaminophen); only one injection should be scheduled to start, rather than a series of three; a second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response; and the number of injections should be limited to three, as criteria necessary to support the medical necessity of corticosteroid injections to the knee. Within the medical information available for review, there is documentation of diagnoses of chondrocalcinosis and osteoarthritis of the knees. In addition, there is documentation of symptomatic severe osteoarthritis of the knee, with knee pain that interferes with functional activities, and the following criteria: (Bony tenderness; No palpable warmth of synovium; Over 50 years of age); and failure of conservative treatment (NSAIDs). However, there is no documentation of 2 additional criteria (Bony enlargement; Crepitus (noisy, grating sound) on active motion; Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Rheumatoid factor less than 1:40 titer (agglutination method); and/or Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³)). In addition, there is no documentation of failure of additional conservative treatment (exercise). Furthermore, given documentation of a request for bilateral knee DepoMedrol/ Lidocaine Injection Each Knee three (3) times, there is no documentation of only one injection scheduled to start, rather than a series of three. Therefore, based on guidelines and a review of the evidence, the request for outpatient bilateral knee DepoMedrol/Lidocaine Injection Each Knee three (3) times is not medically necessary.

Pharmacy purchase of Norco 10/325 # 60 (X 6 months): 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 Opioids
Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chondrocalcinosis and osteoarthritis of the knees. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Norco, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Norco. Therefore, based on guidelines and a review of the evidence, the request for Pharmacy purchase of Norco 10/325 # 60 (X 6 months) is not medically necessary.