MAXIMUS Federal Services

Case Number:	CM14-0056346		
Date Assigned:	07/07/2014	Date of Injury:	02/17/2010
Decision Date:	09/03/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/21/2014

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 Occupational Medicine 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 submitted medical records, This is a 65-year-old woman who slipped and fell on 2/17/10, fracturing her left ankle, eventually requiring a fusion which was a nonunion. As a result she has had compensatory injuries to her back, bilateral shoulders, right knee, and right ankle. She developed psychiatric problems. She has been treated by an orthopedist for the musculoskeletal injuries and she has received psychiatric/psychological treatment, pain management treatment, and she has had lumbar sympathetic injections for CRPS (complex regional pain syndrome) of the lower extremities. She has been taking Nucynta, Cymbalta and Lyrica. There is a 2/26/13 AME (agreed medical evaluation) report that indicates that at the time the patient was taking the Nucynta twice a month but the dose is not mentioned. The patient has been off of work since 2/27/10 per the AME reports. The reqested treatments being addressed are Nucynta, Orthovisc injections right knee and a corticosteroid injection for the right knee. These requests were made by the orthopedist in a 3/10/14 report. That report states that the right knee pain has worsened and was 10/10. It noted that the previous QME (qualified medical examiner) had confirmed diagnosis of patellofemoral arthritis. She also has chronic severe ongoing pain in her left ankle and foot up to 10/10. Range of motion of the knee was limited to extension -5, flexion 120 with tricompartmental tenderness. Hyperesthesia was present throughout the left lower extremity. There was +4/5 strength throughout without focal deficit. Radiographs are said to demonstrate osteoarthritis of the patellofemoral joint of the right knee. Diagnoses were symptomatic osteoarthritis of the right knee, status post left ankle arthrodesis, complex regional pain syndrome, low back pain secondary to altered gait pattern. Authorization was requested for Orthovisc injections once a week for 3 weeks. The report states that the provider injected the right knee under ultrasound guidance with corticosteroid; "this treatment has not helped her in the past but I did it as a temporizing measure". Nucynta was renewed. The mention of the

worsening of the right knee pain was the 1st mention in any of the progress reports from this orthopedist of right knee pain (including as a diagnosis) since at least the 10/2/13 report. The patient was seen roughly monthly in the interval time. Also submitted from the requesting orthopedist was a report of 5/5/14 (not available for the previous utilization review) stating that x-rays in the office that day demonstrated severe narrowing of the medial compartment of 0.5 mm. Later, the AME report 6 /25/14 stated that radiographs of the knees showed 5 mm medial joint space bilateral knees and 6 mm lateral joint space bilateral knees. A 5/5/14 orthopedic report noted that the requested Orthovisc injections have not been approved and stated that the patient has received previous cortisone injections of the right knee without benefit, and anti-inflammatory medications; therefore these injections are indicated. There is also a pain management physician report of 5/21/14 indicating that the patient had not seen pain management since 12/14/12. That report states the patient had been stable on Nucynta 75 mg 4-6 tablets a day as well as Lyrica. She is on Cymbalta for depression. The patient had been cut off from the Nucynta and could not function over the Holiday, she was then given back 4 tablets a day which was not enough and she was not functioning throughout much of the day. There was no documentation of any specifics regarding that.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Orthovisc 15/mg./ml. 2 ml injections to be given once a week for 3 weeks to the right knee: 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 and joint chapter, hyaluronic acid injections.

Decision rationale: MTUS chronic pain guidelines, which would have applied in this case, do not address hyaluronic acid injections/viscosupplementation injections. Orthovisc is a brand of viscosupplementation injection. While it is documented that the patient had a flare-up of chronic right knee pain, there is no documentation of use of any oral anti-inflammatories or any type of home exercise program or even physical therapy since at least 10/2/13. Elsewhere in the medical records including the summaries in the various AME reports there is no mention of physical therapy specifically directed at the right knee. There is no indication that the patient has contraindications for use of anti-inflammatories. ODG guidelines criteria for viscosupplementation are that a patient should have experienced significantly symptomatic osteoarthritis but not responded adequately to recommended conservative nonpharmacological (e.g. exercise) and pharmacological treatments for at least 3 months. This was not documented prior to the 3/10/14 flare-up. There had been failure of corticosteroid injections which is also a criteria. Also at issue is the severity of the patient's osteoarthritis as radiographic evidence from different providers is conflicting and guidelines require documented symptomatic severe osteoarthritis. Considering that there were no complaints documented relating to the knee for apparently at least 5 months is inconsistent with severe osteoarthritis. The patient has some

osteoarthritis, but the severity of the osteoarthritis and whether or not there has been appropriate conservative treatment is not evident in the provided medical reports. Therefore, based upon the available evidence and the guidelines, the series of 3 Orthovisc injections is not considered to be medically necessary.

1 prescription of Nucynta 75 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 Page(s): 74.

Decision rationale: Medical reports document that the patient escalated her Nucynta use from about 2 tablets a day up to 4-6 over the course of about one year. During that time she continued to have significantly limiting CRPS and ankle pain and remained functionally limited without any progress towards returning to work. She did apparently get some symptomatic pain relief but there is no clear documentation that this resulted in functional improvement despite increasing the dose. If anything, there is a decrease in functioning. Guidelines state that opiate should be discontinued if there is no overall improvement of function unless there are extenuating circumstances which were not documented. Other reasons to discontinue opiates includes decrease in functioning, resolution of pain. Note is made that the previous utilization review determination, while not recommending the full quantity of the Nucynta did recommend tapering the dose which is consistent with MTUS guidelines. However, continuing at the present dose of 4-6 per day which is what the request was is not supported by the evidence of guidelines and is not medically necessary.

1 right knee corticosteroid injection with untrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): : 339.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

Decision rationale: The requesting report stated that the previous corticosteroid injections have not been effective. Guidelines do not support repeating an injection that has not provided any functional benefit when it was 1st done. Therefore, based upon the available evidence and guidelines, the request is not considered to be medically necessary.