

Case Number:	CM14-0191008		
Date Assigned:	11/24/2014	Date of Injury:	07/23/2010
Decision Date:	01/09/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/17/2014

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 Internal Medicine and is licensed to practice in Georgia. 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 68-year-old female who reported an injury on 07/23/2010. The mechanism of injury was not provided for review. Her diagnoses were noted to include internal derangement of knee. Her past treatment was noted to include medication, surgical intervention, cortisone injections, and Hyalgan injections. Her surgical history was noted to include a left knee arthroscopy. Per the clinical note dated 10/17/2014, the patient rated her knee pain as 8/10 to 10/10 on a daily basis. She uses Vicodin which decreases her pain to 5/10 to 6/10 providing pain relief and allow her to be functional and continue work. She admitted to frequent spasms, as well as frequent numbness and tingling. She was able to lift a gallon. Documentation notes an increase in pain when standing within minutes and walking further than a block. She also used a TENS unit for pain as needed. She continued to work full time as an in home caregiver. She admitted to waking up by pain, as well as feeling depressed at times due to chronic pain that decreases her level of activities. Upon physical examination, the patient was in no acute distress and was asymptomatic. The left lower extremity extended to 175 degrees and flexion to 110 degrees. Her current medications were noted to include naproxen, Protonix, and mirtazapine. The treatment plan consisted of 1 Hyalgan injection to the left knee, naproxen, and Protonix. The rationale for naproxen was an anti-inflammatory, Protonix for upset stomach when taking medications, and Hyalgan injection to the left knee for the purpose of lubricating the joint to help with standing and walking. A Request for Authorization form was submitted for review on 10/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Hyalgan Injection to Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg (Acute & Chronic) 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) Leg & knee, Hyaluronic acid injections

Decision rationale: One Hyalgan injection to the left knee is not medically necessary. The Official Disability Guidelines recommend Hyalgan injections as a possible option for managing severe osteoarthritis in patients who have not responded to conservative treatment, including exercise, nonsteroidal anti-inflammatories, or acetaminophen, to potentially delay total knee replacement. However, the guidelines note that recent quality studies reveal modest improvement at best. The criteria for hyaluronic acid injections include significant symptoms of osteoarthritis with lack of response to conservative, nonpharmacologic and pharmacologic treatments or intolerant to these therapies after at least 3 months, documented symptoms of severe osteoarthritis of the knee, which may include bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, no palpable warmth of synovium, or over 50 years of age, pain interferes with functional activities, and is not attributed to other forms of joint disease, failed response to aspiration and injection of intra-articular steroids, perform without fluoroscopic or ultrasound guidance, current candidate for a total knee replacement, or have failed previous knee surgery further authorized unless they are younger patients who want to delay total knee replacement, and not recommended for other indications include chondromalacia patella, facet joint arthropathy, osteochondritis dissecans, patellofemoral arthritis, patellofemoral syndrome, patellar nerve entrapment syndrome, or for use in the joints other than the knee. Guideline's criteria also state that repeat series injections may be warranted if there is documentation of significant improvement in symptoms for 6 months or more and symptoms recur. In regard to the patient, within the documentation it was noted that the patient responded well to medications with a decrease in her pain from 9/10 to 6/10. Additionally, documentation revealed that medications allowed the patient to function and the patient was working full time. Moreover, documentation did not reveal that the patient failed a formal exercise program for at least 3 months. Therefore, 1 Hyalgan injections to the left knee is not medically necessary.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs,-Non-Steroidal anti-inflammatory drug- Naproxen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68-69.

Decision rationale: The request for Naproxen 550mg #60 is not medically necessary. California MTUS Guidelines state naproxen may be warranted for managing signs and symptoms of osteoarthritis. Nonsteroidal anti-inflammatories are not recommended for long term use. There is risk of adverse cardiovascular events, including myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. In regard to the patient, the patient was utilizing naproxen prior to 08/20/2014. The guidelines do not recommend nonsteroidal anti-inflammatories for long term use. Additionally, the past has a history of hypertension and naproxen has a risk of worsening pre-existing hypertension. Therefore, the request for Naproxen 550mg #60 is not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Protonix is not medically necessary. The guidelines may recommend proton pump inhibitors for patients taking non steroidal anti-inflammatories and are at increased risk for gastrointestinal events. There is certain criteria for patients at risk for gastrointestinal events to include patients over 60 with a history of peptic ulcer, gastrointestinal bleeding, or perforation, simultaneous use of acetylsalicylic acid, corticosteroids, and/or anticoagulant or high dose/multiple NSAID use. In regard to the patient, it was noted within the documentation that the patient had upset stomach due to medications. However, the request for an anti-inflammatory was non-certified. Therefore, the request for a proton pump inhibitor is not warranted. Therefore, the request for Protonix 20 mg #60 is not medically necessary.

Mirtazapine 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The request for mirtazapine is not medically necessary. The California MTUS Guidelines state antidepressants may be recommended as an option for a depressed patient; however, effectiveness is limited. In regard to the patient, it was noted that the patient reported depression. However, within the documentation provided for review, there was no diagnosis of major depressive disorder with moderate, severe, or psychotic symptoms. Therefore, mirtazapine is not warranted. Therefore, the request for Mirtazapine 15mg #30 is not medically necessary.