

Case Number:	CM14-0208140		
Date Assigned:	12/22/2014	Date of Injury:	01/06/2003
Decision Date:	02/24/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 62 year old male with an injury date on 01/06/2003. Based on the 11/19/2014 progress report provided by the treating physician, the diagnoses are: 1.Traumatic internal derangement of the right and left knee joint with degenerative changes. Mild arthritis. R/O further deterioration of the knee, arthritis, loose bodies. 2.S/P-lumbar laminectomy and discectomy, spinal stabilization procedure with [REDACTED] in 2007. 3.S/P lumbar surgery and laminectomy done in 2004 by [REDACTED] 4.History of radiculitis 5.Failed lower back syndrome, the patient is a candidate for spinal stimulator per [REDACTED] According to this report, the patient complains of "pain in the lower back is constant in nature" and pain in the right and left knee joint. The patient has difficulty with prolonged standing, repetitive kneeling, squatting activities, repetitive pushing, pulling, and lifting activities. Physical exam reveals an individual with an antalgic gait and uses a cane. There is tenderness to palpation over the lumbar paraspinal muscles and over the bilateral knee joint. Straight leg test is positive at 20 degrees. Hypoesthesia is noted over the anterolateral aspect of both lower extremities. Range of motion of the bilateral knee is limited and painful. Crepitation is noted. The 10/20/2014 report indicates the patient's pain is a 3/10 in intensity with medications and an 8/10 in intensity without medications. "The patient reports activity of daily living limitations in the following area: ambulation, physical activity, self-care/hygiene, sexual, sleep."Treatment to date includes physical therapy, acupuncture, LESI, medications, bilateral knee arthroscopy, and lumbar spine surgery the treatment plan is to request for 3 Synvisc injections for the bilateral knee, medications, and return in 4 weeks for follow up. The patient's work status is "remain P&S. The utilization review denied the request for (1)

Synvisc injection x 3 for the right/left knee, (2) Norco #60, and (3) Docusate sodium #60 on 12/04/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 03/05/2014 to 12/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injections x 3, right 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, 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 chapter: Hyaluronic Acid Injections.

Decision rationale: According to the 11/19/2014 report, this patient presents with "pain in the lower back is constant in nature" and pain in the right and left knee joint. The current request is for Synvisc injection x3, right knee. Regarding Hyaluronic injection, MTUS and ACOEM do not discuss, but ODG guidelines provide a thorough review. ODG guidelines recommend Hyaluronic injection for "severe arthritis" of the knee that have not responded to other treatments. Furthermore, ODG do "not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, patellofemoral arthritis, or patellofemoral syndrome (patellar knee pain)." Review of the provided reports does not show evidence of prior Hyaluronic injections. In this case, the patient does not presents with "severe arthritis" of the knee. There is no evidence of "severe osteoarthritis" found in the records provided. Therefore, the requested Synvisc injections are not supported by the ODG guidelines. The current request is not medically necessary.

Synvisc injections x 3, 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, 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 chapter: Hyaluronic Acid Injections.

Decision rationale: According to the 11/19/2014 report, this patient presents with "pain in the lower back is constant in nature" and pain in the right and left knee joint. The current request is for Synvisc injection x3, left knee. Regarding Hyaluronic injection, MTUS and ACOEM do not discuss, but ODG guidelines provide a thorough review. ODG guidelines recommend Hyaluronic injection for "severe arthritis" of the knee that have not responded to other treatments. Furthermore, ODG do "not recommended for any other indications such as

chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, patellofemoral arthritis, or patellofemoral syndrome (patellar knee pain)." Review of the provided reports does not show evidence of prior Hyaluronic injections. In this case, the patient does not presents with "severe arthritis" of the knee. There is no evidence of "severe osteoarthritis" found in the records provided. Therefore, the requested Synvisc injections are not supported by the ODG guidelines. The current request is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60-61, 76-78, 88-89.

Decision rationale: According to the 11/19/2014 report, this patient presents with "pain in the lower back is constant in nature" and pain in the right and left knee joint. The current request is for Norco 10/325mg #60. This medication was first mentioned in the 03/05/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per 10/10/2014report, the treating physician states that "the patient reports activity of daily living limitations in the following area: ambulation, physical activity, self-care/hygiene, sexual, sleep." In this case, the provided reports show documentation of pain assessment ranging from 8/10 to 3/10. ADL's are mentioned as above but no documentation as to how this medication is significantly improving the patient's ADL's and daily function. The treating physician does not discuss outcome measures as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. UDS was not obtained. No discussion regarding other opiates management issues such as CURES and behavioral issues. The treating physician has failed to clearly document the 4 A's (analgesia, ADL's, Adverse effects and Adverse behavior) as required by MTUS. The current request is not medically necessary.

Docusate sodium 250mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL,Fravel M, Scanlon C, Management of Constipation, Iowa City: University of Iowa

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Under the heading: Therapeutic Trial of Opioids Page(s): 77.

Decision rationale: According to the 11/19/2014 report, this patient presents with "pain in the lower back is constant in nature" and pain in the right and left knee joint. The current request is for Docusate sodium 250mg #60. Regarding constipation medication, MTUS recommends as a prophylactic treatment when initiating opioid therapy. In this case, treater is requesting constipation medication in anticipation of side effects to opioid therapy which is reasonable and within MTUS guidelines. The current request is medically necessary.