

Case Number:	CM14-0209858		
Date Assigned:	12/22/2014	Date of Injury:	02/28/2003
Decision Date:	02/18/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/15/2014

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 65 year old female with an injury date of 02/28/03. Based on the progress report dated 11/24/14, the patient complains of pain in her lower extremities, specifically in the left knee, along with low back pain. She can function at baseline of 60% of normal. The patient underwent arthroscopic meniscectomy of the medial meniscus and abrasion arthroplasty in 2003, as per progress report dated 11/24/14. She had multiple steroid injections prior to the surgery. The patient has also failed more than 24 sessions of physical therapy, chiropractic treatments, and opioid and non-opioid medications regimens, as per the same progress report. Medications, as per the 11/24/14, report include Gabapentin, Cymbalta, Norco, Metformin, Simvastatin, Januvia, Lisinopril and Actos. Diagnoses, 11/24/14:- Ongoing chronic left knee pain status post total knee replacement surgery- Neuropathic pain- Left pes anserine bursitis. The treator is requesting for (a) LEFT PES ANSERINE BURSA INJECTION (b) CYMBALTA 80 mg # 60 WITH 4 REFILLS (c) NORCO 5/325 mg # 60. The utilization review determination being challenged is dated 12/12/14. Treatment reports were provided from 01/08/13 - 11/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

left pes anserine bursa injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339, 346.

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

Decision rationale: The patient presents with pain in her lower extremities, especially in the left knee, along with low back pain, that allow her to function at baseline of 60% of normal, as per progress report dated 11/24/14. The request is for Left pes anserine bursa injection. ODG Guidelines, Chapter 'Knee & Leg (Acute & Chronic)' and topic 'Corticosteroid injections', state that the injections are "Recommended for short-term use only. Intra-articular corticosteroid injection results in clinically and statistically significant reduction in osteoarthritic knee pain 1 week after injection. The beneficial effect could last for 3 to 4 weeks, but is unlikely to continue beyond that." Regarding Hyaluronic injections, under topic 'Hyaluronic acid injections' state that "Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best." In progress report dated 11/06/14, the treating physician states that the request for the injection is because "significant pain to palpation of the left pes anserine bursa." The treating physician states that the patient "has had injection therapy to the left knee, and none of these have actually decreased her pain complaints." It would appear that the patient has not had injection at this particular location and the request is medically necessary.

Cymbalta 80mg #60 with 4 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 16 and 17.

Decision rationale: The patient presents with pain in her lower extremities, specifically in the left knee, along with low back pain, that allow her to function at baseline of 60% of normal, as per progress report dated 11/24/14. The request is for Cymbalta 80mg #60 with 4 refills. For Cymbalta, the MTUS Guidelines page 16 and 17 states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used for off-label neuropathic pain and radiculopathy. Duloxetine is recommended as a first line option for diabetic neuropathy." In this case, a prescription for Cymbalta was first noted in progress report dated 01/08/13. The treating physician states that the patient is trying to manage the pain without opioids and "adding Cymbalta to the regimen may really improve the patient's analgesia and decrease her need for any narcotic medications." While the medication is not noted in some of the subsequent progress reports, it is again noted in progress report dated 06/30/14. All progress reports since then prescribe the medication. In progress report dated 11/24/14, the treating physician states that Cymbalta was working very well for the patient. However, since it was denied, "her knee pain has gotten significantly worse." Nonetheless, given the patient's

neuropathic pain and documented efficacy, a prescription of Cymbalta appears reasonable. This request is medically necessary.

Norco 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids; Medication for chronic pain Page(s): 88-89, 76-78; 60-61.

Decision rationale: The patient presents with pain in her lower extremities, specifically in the left knee, along with low back pain, that allow her to function at baseline of 60% of normal, as per progress report dated 11/24/14. The request is for Norco 5/325 mg # 60. 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 4 A's (analgesia, ADLs, adverse side effects, and adverse 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. In this case, the prescription for Norco was first noted in progress report dated 06/30/14. The patient has been receiving the medication consistently since then. In progress report dated 11/24/14, the treating physician states that "the patient is getting analgesia from the medications and has no aberrant behavior." The treating physician also states that the patient will experience withdrawal symptoms if the medication is denied. However, there is no documentation of change in pain scale or specific improvement in function due to opioid use. No UDS and CURES reports are provided for review. The treating physician does not discuss side effects due to the medication. All four A's, including analgesia, ADLs, adverse side effects, and aberrant behavior, should be documented for long-term opioid use, as per MTUS. This request is not medically necessary.