

Case Number:	CM15-0006083		
Date Assigned:	01/26/2015	Date of Injury:	04/25/1996
Decision Date:	03/13/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/12/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 injured worker is a 58-year-old male, with a reported date of injury of 04/25/1996. The diagnoses include right ankle chronic arthritis, chronic right ankle pain, right knee degenerative joint disease, left knee pain, left knee sprain/strain, left knee degenerative joint disease, chronic back pain, and lumbar degenerative joint disease. Treatments have included an x-ray of the right hip on 10/08/2009, oral pain medications, right ankle surgery with subtalar effusion and hardware removal, and six knee surgeries. The medical report dated 12/09/2014 indicates that the injured worker complained of ongoing severe back pain with continuous radiation down his right leg, with severe leg cramps. He also complained of bilateral knee pain, worse in the right. The injured worker rated his pain an 8 out of 10, and a 10 out of 10 without medications. An examination of the low back showed limited range of motion in all planes, and an altered sensory loss to light touch and pinprick in the right lateral calf and bottom of his foot. An examination of the left knee showed limited range of motion, some valgus laxity with stress testing and negative McMurray's sign. An examination of the right knee showed limited range of motion, painful patellar compression, negative McMurray's sign, infrapatellar tenderness, and crepitus on passive range of flexion to extension. The examination of the right ankle showed swelling around the ankle joint, painful passive range of motion, and limited active range motion in all planes. The treating physician requested the Flexeril 10mg #30 to help keep the injured worker functional and the Synvisc injections according to the treating specialist's recommendation for the injured worker's knee pain complaints. On 12/22/2014, Utilization Review (UR) denied the request for Flexeril 10mg #30 and one (1) Synvisc injection, noting that there was no documentation of

exceptional factors, no clear documentation of radiological evidence of osteoarthritis of the knees, and no documentation of the number of current injections. The MTUS Chronic Pain Guidelines and the Non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Pain section, Muscle relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 10 mg #30 is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to depend. In this case, the injured worker's working diagnoses are history of right ankle surgery with subtalar effusion and hardware removal with arthritis and chronic ankle pain; history of right DDD with a total of 6 knee surgeries; left knee sprain/strain and DJD; chronic back pain with lumbar DJD; history of PE following ankle surgery, remain on Coumadin therapy; history of non-industrial A-Fib, stable; history of reactive depression, stable on Prozac; CAD, hyperlipidemia, A-Fib, GERD, and hiatal hernia, all non-industrial. Subjectively, the injured worker complains of severe back pain that radiates down the right leg with severe cramping. Overall pain is 8/10. Objectively, range of motion is decreased in the lower back. Left knee examination has limited range of motion. There is no documentation of lumbar muscle spasm. The documentation indicates Flexeril was prescribed for back as August 1, 2014. The documentation does not contain evidence of objective functional improvement with the ongoing long-term use of Flexeril to gauge efficacy. Documentation indicates the treating physician clearly exceeded the recommended guidelines for short-term use (less than two weeks). Consequently, absent clinical documentation with objective functional improvements to support the ongoing use of Flexeril in contravention of the short-term (less than two weeks) guidelines, Flexeril 10 mg #30 is not medically necessary.

Synvisc Injections QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Knee & Leg: Hyaluronic Acid Injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee section, Synvisc

Decision rationale: Pursuant to the Official Disability Guidelines, Synvisc injection #1 is not medically necessary. Synvisc is a brand of hyaluronic acid injections are a series of three injections of Hylan or one of Synvisc one Hylan are recommended as an option for osteoarthritis. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, nonsteroidal anti-inflammatory drugs are acetaminophen) to potentially delay total knee replacement. The criteria for hyaluronic acid injections are enumerated in the official disability guidelines, the criteria include, but are not limited to, significant symptomatic osteoarthritis has not responded to pharmacologic and nonpharmacologic therapies; documented symptomatic severe osteoarthritis (objective findings); pain interferes with functional activities; failure to adequately respond to aspiration and injection of intra-articular steroids; not currently a candidate for total knee replacement or have failed previously surgery for arthritis; etc. See guidelines for details. In this case, the injured workers working diagnoses are no reason to history of right ankle surgery with subtalar effusion and hardware removal with arthritis and chronic ankle pain; history of right DDD with a total of 6 knee surgeries; left knee sprain/strain and DJD; chronic back pain with lumbar DJD; history of PE following ankle surgery, remain on Coumadin therapy; history of non-industrial A-Fib, stable; history of reactive depression, stable on Prozac; CAD, hyperlipidemia, A-Fib, GERD, and hiatal hernia, all non-industrial. Subjectively, the injured worker complains of severe back pain that radiates down the right leg with severe cramping. Overall pain is 8/10. Objectively, range of motion is decreased in the lower back. Left knee examination has limited range of motion. There is no documentation of lumbar muscle spasm. The documentation does not contain evidence of significant symptomatic osteoarthritis that has not responded to pharmacologic and nonpharmacologic therapies. There is no objective documentation of symptomatic severe osteoarthritis. There is no documentation of failure to respond adequately to aspiration and injection of intra-articular steroids. Consequently, absent clinical documentation to support criteria for hyaluronic acid injections that fourth by the official disability guidelines, Synvisc injection #1 is not medically necessary.