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| Case Number: | CM15-0006812 | | |
| Date Assigned: | 01/22/2015 | Date of Injury: | 05/29/2013 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 12/22/2014 |
| Priority: | Standard | Application Received: | 01/13/2015 |

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

Certification(s)/Specialty: Orthopedic Surgery

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 51 year old female who sustained an industrial injury on 5/29/2013. She has reported bilateral knee pain, left worse than right. The diagnoses have included left knee medial meniscus tear-post arthroscopic medial meniscectomy and a total lateral meniscectomy. Treatment to date has included physical therapy, home exercises, surgery and medication management. Currently, the IW complains of left knee pain. Treatment plan included left knee viscosupplementation injection series with Orthovisc x 3 injections. Exam note from 12/10/14 demonstrates reports of improvement in bilateral knees. Continued radiating pain is noted. Exam demonstrates antalgic gait with right knee range of motion from 5 to 130 degrees and left knee from 5 to 130 degrees. On 12/22/2014, Utilization Review certified a retrospective review of Norco 5/325 mg #60 and Naprosyn 550 mg #60 and non-certified review of left knee viscosupplementation injection series with Orthovisc x 3 injections, noting lack of medical necessity. The Official Disability Guidelines were cited. On 1/26/2015, the injured worker submitted an application for IMR for left knee viscosupplementation injection series with Orthovisc x 3 injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee Viscosupplementation injection series with Orthovisc x3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.odg-twc.com/odgtwc/knee.htm#Hyaluronicacidinjections>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Hyaluronic acid injection

Decision rationale: CA MTUS/ACOEM is silent regarding the request for viscosupplementation for the knee. According to the ODG Knee and leg chapter, Hyaluronic acid injection, it is indicated for patients with documented severe osteoarthritis of the knee and patients who have failed 3 months of conservative nonpharmacologic (e.g. exercise) and pharmacologic treatments or are intolerant of these therapies. As there is no documentation of failed conservative therapy and radiographic documentation of severe osteoarthritis in the exam note from 12/10/14, the determination is for non-certification.

Retro Norco 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 12/10/14. Therefore the determination is for non-certification.

Retro Naprosyn 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to the CA/MTUS Chronic Pain Medical Treatment Guidelines, page 67, NSAIDs, specific recommendations are for "Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with

moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008)"There is insufficient evidence from the exam note of 12/10/14 to support functional improvement on Ibuprofen or osteoarthritis to warrant usage. Therefore the determination is non-certification.