

Case Number:	CM15-0102738		
Date Assigned:	06/05/2015	Date of Injury:	10/06/2014
Decision Date:	07/09/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/28/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 60 year old male, who sustained an industrial injury on October 6, 2014. He reported fell while walking with injury to his lower and upper back, right knee, shoulder, and ribs. The injured worker was diagnosed as having lumbar spine pain, lumbar spine myoligamentous sprain/strain, instigation of symptomatic mechanical discogenic low back pain, patellofemoral pain syndrome of the bilateral knees, right knee medial meniscus tear and chondromalacia patella, left knee chondromalacia, bilateral hand/wrist contusion, tendinosis of the bilateral extensor carpi ulnaris (ECU) with split tear of left ECU, capsular sprain of the right wrist, bilateral wrist contusions, sprain/strain to the bilateral shoulders, and bilateral knee contusion. Treatment to date has included intramuscular injections, bracing, physical therapy, x-rays, and medication. Currently, the injured worker complains of a burning band across the low back with radiation posterolaterally to the anterior leg to the level of the knees of the bilateral lower extremities, dull pain of the dorsal aspect of the bilateral wrists, and right shoulder pain. The Primary Treating Physician's report dated April 23, 2015, noted the injured worker reported completing physical therapy with some improvement. Physical examination was noted to show tenderness to palpation of the entire knees right greater than left, with generalized tenderness to palpation of the lumbar spine. The treatment plan was noted to include request for authorization for chiropractic treatments for the lumbar spine, Hyalgan injections X5 to the bilateral knees, prescriptions for Naproxen, Omeprazole, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatments to Lumbar Spine 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: The MTUS Guidelines recommend chiropractic care for chronic pain that is due to musculoskeletal conditions. However, this treatment is not recommended for treatment of the ankle and foot, carpal tunnel syndrome, the forearm, the wrist and hand, or the knee. When this treatment is recommended, the goal is improved symptoms and function that allow the worker to progress in a therapeutic exercise program and return to productive activities. An initial trial of six visits over two weeks is supported. If objective improved function is achieved, up to eighteen visits over up to eight weeks is supported. The recommended frequency is one or two weekly sessions for the first two weeks then weekly for up to another six weeks. If the worker is able to return to work, one or two maintenance sessions every four to six months may be helpful; the worker should be re-evaluated every eight weeks. The documentation must demonstrate improved function, symptoms, and quality of life from this treatment. Additional sessions beyond what is generally required may be supported in cases of repeat injury, symptom exacerbation, or comorbidities. The worker should then be re-evaluated monthly and documentation must continue to describe functional improvement. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the legs, numbness and tingling in the lower legs, right knee popping with movement, wrist pain, and right shoulder pain. There was no discussion detailing functional issues, the goals of this therapy, why this type of treatment was likely to be of benefit, or suggesting why more initial sessions than are generally supported by the Guidelines were needed. In the absence of such evidence, the current request for eight sessions of chiropractic treatment for the lumbar spine region done twice weekly for four weeks is not medically necessary.

Hyalgan Injections for Bilateral Knees x 5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hyalgan (sodium hyaluronate), Fidia Pharma USA, Inc. <http://www.hyalgan.com/hcp>. Accessed on 07/04/2015. Roberts Jr WN, et al. Intraarticular and soft tissue injections: What agent(s) to inject and how frequently Topic 7985, version 12.0. Up-To-Date, accessed on 04/24/2015. Kalunian KC, et al. Treatment of osteoarthritis resistant to initial pharmacologic therapy. Topic 16698, version 12.0. Up-To-Date, accessed on 04/24/2015.

Decision rationale: Hyalgan (high molecular weight sodium hyaluronate) is a medication in the hyaluronic acid derivative class that can be injected into joints. The MTUS Guidelines are silent

on this issue. The literature supports its use in the treatment of osteoarthritis in the knee when symptoms have not improved despite treatment with acetaminophen with non-steroidal anti-inflammatory drugs and with glucocorticoids injected into the knee or these treatments were not tolerated. The goal of therapy is improved pain intensity and/or function. This medication is FDA-approved for weekly injections for three to four weeks. There is limited literature describing the safety, efficacy, and ideal frequency of treating with repeated series of injections. The submitted and reviewed documentation concluded the worker was suffering from knee chondromalacia patella. There was no discussion detailing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for five injections of Hyalgan (high molecular weight sodium hyaluronate) into both knees is not medically necessary.

Tramadol 50 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, page 124.

Decision rationale: Tramadol is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts, use and of drug screening with issues of abuse or addiction. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper is recommended. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into the legs, numbness and tingling in the lower legs, right knee popping with movement, wrist pain, and right shoulder pain. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no discussion detailing how this medication improved the worker's function, exploring the potential negative side effects, or providing an individualized risk assessment. In the absence of such evidence, the current request for 30 tablets of tramadol 50mg is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting based on the submitted documentation, and a wean should be able to be completed with the medication available to the worker.