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| Case Number: | CM15-0107912 | | |
| Date Assigned: | 06/12/2015 | Date of Injury: | 08/06/2014 |
| Decision Date: | 07/15/2015 | UR Denial Date: | 05/14/2015 |
| Priority: | Standard | Application Received: | 06/04/2015 |

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: Physical Medicine & Rehabilitation

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 53-year-old female who sustained an industrial injury on November 20, 2012. She has reported bilateral knee injuries and has been diagnosed with bilateral knee contusion sprains with post-traumatic arthritis and apparent right knee injury. Treatment has included injection, physical therapy, medical imaging, and medications. The right knee examination showed tenderness along the right lateral joint line and discomfort and tenderness along the medial patellofemoral facet. Knee tracking patellar tracking appeared somewhat improved. The right knee extends 0 degrees, flexes 90 degrees with some discomfort. McMurray testing was positive for lateral and somewhat medial joint line pain. The treatment request included Flector patches, Nabumetone, and monovisc injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches 1. 3% #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient was injured on 08/06/14 and presents with bilateral knee contusion sprains with posttraumatic arthritis. The request is for Flector Patches 1.3% #30 With 1 Refill. The RFA is dated 05/07/15 and the patient has regular duty. The patient has been using these patches as early as 01/15/15. Regarding topical NSAIDs, MTUS on topical analgesics, pages 111-113, state: Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. The patient is diagnosed with bilateral knee contusion sprains with post-traumatic arthritis and apparent right knee injury. There is tenderness along the right lateral joint of the right knee, discomfort/tenderness along the medial patellofemoral facet, a limited right knee range of motion, and a positive McMurray's test for lateral and medial joint line pain. In this case, the patient has been using these patches as early as 01/15/15, which exceeds the 4-12 weeks recommended by MTUS guidelines. Furthermore, none of the reports provided discuss how Flector patches has impacted the patient's pain and function. The requested Flector patch is not medically necessary.

Nabumetone 750mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient was injured on 08/06/14 and presents with bilateral knee contusion sprains with posttraumatic arthritis. The request is for Nabumetone 750 Mg #60 With 2 Refills. The RFA is dated 05/07/15 and the patient has regular duty. The patient has been taking this medication as early as 12/11/14. MTUS Chronic Pain Medical Treatment Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. The patient is diagnosed with bilateral knee contusion sprains with post-traumatic arthritis and apparent right knee injury. There is tenderness along the right lateral joint of the right knee, discomfort/tenderness along the medial patellofemoral facet, a limited right knee range of motion, and a positive McMurray's test for lateral and medial joint line pain. The reason for the request is not provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. There is no documentation of how Nabumetone has impacted the patient's pain and function, as required by MTUS guidelines. Therefore, the requested Nabumetone is not medically necessary.

Monovisc injection for 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 (ODG), Viscosupplementation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg (Acute & Chronic) Chapter, under Hyaluronic acid injections.

Decision rationale: The patient was injured on 08/06/14 and presents with bilateral knee contusion sprains with posttraumatic arthritis. The request is for Monovisc Injection For The Right Knee. The RFA is dated 05/07/15 and the patient has regular duty. ODG Guidelines, Knee & Leg (Acute & Chronic) Chapter, under Hyaluronic acid injections states: "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. ODG further states that the study assessing the efficacy of intraarticular injections of hyaluronic acid (HA) compared to placebo in patients with osteoarthritis of the knee found that results were similar and not statistically significant between treatment groups, but HA is somewhat superior to placebo in improving a knee pain and function, with no difference between 3 or 6 consecutive injections. ODG guidelines require 6 months before the injections can be repeated. Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence. The patient is diagnosed with bilateral knee contusion sprains with post-traumatic arthritis and apparent right knee injury. There is tenderness along the right lateral joint of the right knee, discomfort/tenderness along the medial patellofemoral facet, a limited right knee range of motion, and a positive McMurray's test for lateral and medial joint line pain. The 05/07/15 report states that the patient has improved right knee function since the last cortisone injection in the right knee for what appears to be a new spraining injury with the new incident at work. MRI films reviewed and she appears to have a lateral meniscal tear right knee that is probably new and she is still symptomatic. She has done very well with Synvisc in the past with good relief and it would be one or two months before she would be due for another one on the usual schedule. However given this clinical situation with new increase pain and we are trying to avoid a repeat surgery for what may be a new meniscal tear imposed on some level of cartilage damage that appears somewhat evident on MRI and clinically. ODG guidelines require 6 months before the injections can be repeated, and in this case, it is unclear when the patient had these prior injections to the right knee. Furthermore, there is no documentation of "severe" arthritis of the joint and no X-ray or MRI reports were provided showing such. The requested Monovisc injection to the right knee is not medically necessary.