

Case Number:	CM15-0019624		
Date Assigned:	02/09/2015	Date of Injury:	04/13/2010
Decision Date:	04/20/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/03/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 April 13, 2010. She reported low back, right knee, left knee, right hand, left hand and neck. The injured worker was diagnosed as having status post hand surgery, status post surgery for trigger thumb, cervical spinal stenosis, cervical herniation, multiple cervical surgical interventions, lumbosacral strain related to cumulative trauma, degenerative disc disease, spondylosis and lumbar radiculopathy, bilateral knee contusions and strains and status post multiple bilateral knee surgeries. Treatment to date has included multiple surgical interventions of the back and knees, conservative physical therapies, pain medications and work restrictions. It was noted that the 2013 Synvisc and Orthovisc injections to the knees was not beneficial. Currently, the injured worker complains of pain in both knees, right side worse than left, pain, numbness and tingling of both hands, right greater than left, low back pain, occasional radiating pain into the right posterior leg to the foot and persistence of neck pain with extension into the shoulders. The injured worker reported an industrial injury in 2010, resulting in the above noted chronic pain and associated symptoms. She has been treated both conservatively and surgically without resolution of the pain. She reported depression and anxiety secondary to the chronic pain. She has had psychological evaluations and treatment. It was noted she did not wish to have additional orthopedic surgeries at this point secondary to minimal benefit from previous surgical interventions. Evaluation on 1/13/2015 revealed continued pain in multiple joints including the knee, neck, low back and upper extremities. There were objective findings of mild crepitus and minimal swelling of the knee. The medications listed are Vicodin, Zolpidem, Zoloft and Relafen. A Utilization Review

determination was rendered recommending non certification for Orthovisc injections to bilateral knees X 3 and Relafen 500mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injections to the bilateral knees x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Knee and Leg Hyaluronic acid injections.

Decision rationale: The CA MTUS ACOEM and the ODG guidelines recommend that interventional pain injections can be utilized for the treatment of joint pain when conservative treatments with medications and PT have failed. The records indicate a lack of beneficial effect following previous Orthovisc and Synvisc injections to the knees. The presence of significant psychosomatic disorders is associated with decreased efficacy of interventional pain and surgery procedures. The criteria for bilateral knee Orthovisc injections X3 were not met.

Relafen 500mg, #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDS.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with cardiovascular, renal and gastrointestinal complications. The records indicate the patient reported efficacy and functional restoration associated with the use of Relafen. There are no reported adverse effects. The criteria for the use of Relafen 500mg #60 were met.