

Case Number:	CM15-0136754		
Date Assigned:	07/24/2015	Date of Injury:	08/18/2010
Decision Date:	08/25/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/14/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 61 year old female, who sustained an industrial injury on 8/18/2010. She reported being thrown to the ground in a motor vehicle accident between a bus and a motor vehicle. There was loss of consciousness and injury to the low back, left knee, left ankle, head and left shoulder, and a three day hospital stay. Diagnoses include lumbar stenosis, bilateral rotator cuff tendinosis, history of head injury, whole body pain and left knee degenerative joint disease. She has a history of cervical fusion prior to the date of injury. Treatments to date include activity modification, medication therapy, chiropractic therapy, acupuncture treatments, cortisone joint injection, Orthovisc injections, and epidural injections. Currently, she had multiple complaints of pain including bilateral shoulders, bilateral hips, left knee and right knee. On 2/4/15, the physical examination documented the right knee was tender with decreased extension and patellar grind was positive. The treating diagnoses included right knee osteoarthritis. The plan of care included a prescription for Nabumetone 750mg #60; and a series of Orthovisc injections to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Nabumetone 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nabumetone (Relafen).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms Page(s): 68-69.

Decision rationale: CA MTUS Guidelines state that NSAIDs like Nambumetone (Relafen) are recommended as first-line agents for acute pain. NSAIDs should be used for the lowest dose for the shortest period of time. Long-term use is discouraged. In this case, the medical records from March and April 2015 noted that Nabumetone was discontinued secondary to GI irritation and xerostomia. The patient is also taking another NSAID, Ketoprofen and there is no rationale goiven for 2 NSAIDs. Therefore, the request to re-start Nambumetone is not recommended nor medically necessary due to the side effects and the fact that she is taking another NSAID.

One (1) series of Orthovisc injections to the 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), Knee & Leg (Acute & Chronic): Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg (acute & chronic), Hyaluronic acid injections. (2015).

Decision rationale: CA MTUS is silent regarding hyaluronic acid joint injections (HAI). ODG recommends HAI as an option for treatment of patients with severe osteoarthritis. In this case, the patient does not have objective or radiographic evidence of severe osteoarthritis. Physical exam shows no effusion, swelling, deformity or malalignment. The patient does have painful range of motion, but no crepitus. The physical exam shows anterior knee pain, suggesting chondromalacia patella or patellofemoral arthritis, both conditions for which HAI is not recommended. The records also lack adequate evidence of conservative treatment and failure to respond to aspiration and injection of steroids into the knee joint. Thus, for the reason outlined above, the request of HAI is not medically necessary or appropriate.