

Case Number:	CM15-0139326		
Date Assigned:	08/20/2015	Date of Injury:	01/09/1991
Decision Date:	09/29/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/17/2015

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, Hawaii

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 56 year old, male who sustained a work related injury on 1-9-91. The diagnoses have included chronic intractable pain syndrome, post-laminectomy syndrome lumbar region, lumbar radiculopathy, low back pain, osteoarthritis in knees and drug dependency. Treatments have included physical therapy, home exercises, lumbar epidural steroid injections, sacroiliac joint injections, lumbar spine surgery, oral medications, pain patches, trigger point injections, chiropractor treatments, Synvisc knee injections, TENS unit therapy, heat-ice therapy, spinal cord stimulator trial and massage therapy. In the Follow Up note dated 6-4-15, the injured worker reports low back, bilateral knees and legs pain. He rates his pain level a 5 out of 10 on a good day and an 8 out 10 on a bad day. He describes the pain as sharp, dull aching, pins and needles and weakness. The pain is made worse with activity, sitting, standing walking and cold weather. He states the pain is made better with rest, medication and massage. He just finished a spinal cord stimulator trial with good success. On physical exam, he has tenderness on palpation of lumbar spine. He has increased bilateral lumbar paraspinal muscle tenderness, left greater than right. He has spasm of mid to low lumbar paraspinals, left greater than right. He has bilateral sciatic and tibial nerve tenderness, left greater than right. Lumbar range of motion is flexion to 45 degrees, hyperextension to 5 degrees, right and left lateral bends to 10 degrees. Lying and sitting straight leg raises are positive with both legs. He has decreased light touch sensation to right L4 and L5. He has moderate tenderness to both knees. He has moderate crepitation to both knees. He has passive flexion to 120 degrees with both knees and passive extension is to 0 degrees with both knees. He is not working. The treatment plan includes requests for authorization for permanent implantation of a spinal cord stimulator, for bilateral knee Supartz viscosupplementation injections in both knees and refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Knee Supartz Viscosupplementation Therapy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 / hyaluronic acid knee injections.

Decision rationale: The patient presents with back, leg and knee pain. The current request is for Bilateral knee Supartz Viscosupplementation therapy. The treating physician's report dated 06/04/2015 (167B) states, "Request authorization for bilateral knee Supartz viscosupplementation therapy for degenerative joint disease of the knees. Last performed fall of 2013, greater than 60% relief for over 1 year. MRI report reviewed "Right knee 07/12/12" moderate osteoarthritis, post-surgical changes patellar tendon, meniscal degeneration. Left knee MRI- 07/12/12, moderate osteoarthritis medial compartment, marked degeneration medial meniscus." The patient has received viscosupplementation for his knees since 1999 till 2012. The patient also exercises regularly at a local gym except when he cannot afford it. He has also utilized medications including a trial of a spinal cord stimulator system on 05/28/2015 with reports of pain relief. The MTUS and ACOEM Guidelines do not address this request, however, ODG on hyaluronic acid knee injections states that it is an option for severe osteoarthritis for patients who do not respond adequately to recommended conservative treatments including exercise, NSAIDs, or acetaminophen, and to possibly delay total knee replacement, but in recent quality studies, the magnitude of improvement appears modest at best. The patient has utilized conservative treatments including: exercise, medications, physical therapy and most recently a spinal cord stimulator with reports of improvement. He has also tried viscosupplementation therapy in the past with 60% pain relief for over 1 year. In this case, given the patient's diagnosis of moderate osteoarthritis and reports of benefit with viscosupplementation in the past, the request is supported by the ODG guidelines. The current request is medically necessary.

Ambien 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter / zolpidem.

Decision rationale: The patient presents with back, leg and knee pain. The current request is for Ambien 10 mg #60. The medical records show that the patient was prescribed Ambien prior to 06/01/2015. The treatment report dated 06/04/2015 does not discuss the efficacy of Ambien. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines under the Mental Illness and Stress Chapter on zolpidem states "Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset 7-10 days." In this case, the patient has utilized this medication longer than the recommended 7-10 day treatment plan. Long-term use is not supported by the ODG Guidelines. The current request is not medically necessary.