MAXIMUS Federal Services

Case Number:	CM15-0146803		
Date Assigned:	08/07/2015	Date of Injury:	03/01/2013
Decision Date:	09/24/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/28/2015

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: 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 47 year old female who sustained an industrial injury on 3-1-13. She had complaints of low back and bilateral knee pain. Treatments included: medication, physical therapy, home exercise program, cortisone injections, interferential unit, heat-ice contrast therapy and surgery. Progress report dated 6-18-15 reports continued complaints of low back and bilateral knee pain. Her left knee is not doing well and continues with persistent pain, rated 6 out of 10. Plan of care includes: start supartz vicso supplementation injections, request inferential unit rental and purchase administered urine toxicology screen, administered ultrasound guided cortisone injection to the left and instructed to do heat and ice contrast therapy. Follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc 1 injection left knee: Overturned

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 and leg chapter, 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 & Leg (Acute & Chronic) chapter, under Hyaluronic acid injections.

Decision rationale: The current request is for a Synvisc 1 injection left knee. The RFA is dated 05/19/15. Treatments included: medication, physical therapy, home exercise program, cortisone injections, interferential unit, heat-ice contrast therapy and surgery. ODG guidelines, Knee & Leg (Acute & Chronic) chapter, under Hyaluronic acid injections, state the following: Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), too potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). According to progress report 06/03/15, the patient is s/p left knee arthroscopy and presents with constant left knee pain. Examination of the left knee revealed tenderness to palpation over the anterior and medial aspect of the left knee. Range of motion is 90/150 degrees and extension is 0 degrees. McMurray's test is positive and there is slight sensory deficit over the anterior aspect of the left knee. X-ray finding revealed progressive osteoarthritis. ODG recommends such injections for osteoarthritis of the knee, and this patient suffers from chronic knee pain with osteoarthritis documented on x-rays. With evidence of osteoarthritis supported by x-ray imaging, the requested Synvisc is considered an appropriate treatment option. The request is medically necessary.

Ultram 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids ongoing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, criteria for use of opioids Page(s): 60,61, 76-78, 88 and 89.

Decision rationale: The current request is for Ultram 50mg #60. The RFA is dated 05/19/15. Treatments included: medication, physical therapy, home exercise program, cortisone injections, interferential unit, heat-ice contrast therapy and surgery. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." The patient has been utilizing Norco since at least 03/04/15. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the provider does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia and there are no documentation regarding adverse effects and aberrant drug behavior. Urine drug screens are administered, but no CURES or opioid contracts are provided. Given the lack of documentation as required by MTUS, the request does not meet guidelines indication. Therefore, the request is not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug screen.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Urine Drug Testing.

Decision rationale: The current request is for a Urine toxicology screen. The RFA is dated 05/19/15. Treatments included: medication, physical therapy, home exercise program, cortisone injections, interferential unit, heat-ice contrast therapy and surgery. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users. ODG under the Pain Chapter, under Urine Drug Testing has the following: "Patients at moderate risk for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at high risk of adverse outcomes may require testing as often as once per month. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter." The patient has been on an opiate regimen since at least February 2015. The patient had Urine toxicology screenings on 02/10/15 and 04/15/15. In this case, the provider does not state that this patient is at high risk for aberrant behavior. There is no discussion as to whether this patient is considered at risk for drug abuse/diversion necessitating such frequent screening. Without a rationale as to why this patient requires more frequent urine drug screening, or a discussion of suspected non-compliance or diversion, the requested urine drug screen cannot be substantiated. The request is not medically necessary.