

Case Number:	CM15-0188506		
Date Assigned:	10/02/2015	Date of Injury:	10/13/2010
Decision Date:	11/16/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/24/2015

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 57 year old male, who sustained an industrial injury on 10-13-2010. The injured worker is being treated for bilateral knee degenerative joint disease. Treatment to date has included surgical intervention, diagnostics, medications, physical and aquatic therapy and modified work. Per the most recent, handwritten Primary Treating Physician's Progress Report dated 9-03-2015, the injured worker (IW) reported continued bilateral knee pain with decreased range of motion right foot and positive effusion in the right and left knees. Objective findings included medial joint line tenderness on the right and left knee and decreased range of motion and tenderness to palpation of the right foot. Per the medical records dated 6-23-2015 to 9-03-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. There is no documentation of how long the IW had been prescribed Soma. The notes from the provider on 7-30-2015 document medications as Mobic and Voltaren and there is not documentation of the efficacy of the prescribed medications. On 7-07-2015 a prescription was written for Mobic and Voltaren. Work status was return to full duty. The plan of care included orthovisc series for the bilateral knees. Authorization was requested for series of 3 orthovisc injections for the bilateral knees and Soma 350mg #30. On 9-18-2015, Utilization Review non- certified the request for series of 3 orthovisc injections for the bilateral knees and Soma 350mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injections, once weekly for 3 weeks, bilateral knees, per 9/3/15 order: 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 and Leg - Synvisc (Hylan) - 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 and chronic) Chapter, under Hyaluronic Acid Injections.

Decision rationale: The patient presents with bilateral knee pain. The request is for Orthovisc injections, once weekly for 3 weeks, bilateral knees, per 9/3/15 order. Examination to the bilateral knees on 09/03/15 revealed a decrease in range of motion. Patient's treatments have included medication and physical therapy. Per 07/30/15 progress report, patient's diagnosis includes bilateral knee DJD. Patient's medications, per 07/07/15 progress report include Voltaren Gel and Mobic. Patient's work status is regular duties. MTUS Guidelines are silent on Orthovisc injections. ODG Guidelines, Knee and Leg (acute and chronic) Chapter, under Hyaluronic Acid Injections state that they are "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 intra-articular 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 was somewhat superior to placebo in improving in knee pain and function, with no difference between 3 or 6 consecutive injections. ODG guidelines require 6 months before the injections can be repeated. The treater has not discussed this request; no RFA was provided either. Review of the medical records did not indicate prior orthovisc injections to the knees. ODG recommends hyaluronic injections for patients that have significant osteoarthritic knee pain who have not responded adequately to recommended conservative treatments (exercise, NSAIDs, or acetaminophen). In this case, the patient continues with bilateral knee pain, despite conservative measures, and has a diagnosis of bilateral knee DJD. However, the provided reports do not include any X-ray or MRI reports verifying the severity of the arthritic changes of the joints. ODG require documentation of "severe" arthritic changes for trial of viscosupplementation injections. The request is not medically necessary.

Soma 350mg #30, per 9/3/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: The patient presents with bilateral knee pain. The request is for Soma 350mg, per 9/3/15 order. Examination to the bilateral knees on 09/03/15 revealed a decrease in range of motion. Patient's treatments have included medication and physical therapy. Per 07/30/15 progress report, patient's diagnosis includes bilateral knee DJD. Patient's medications, per 07/07/15 progress report include Voltaren Gel and Mobic. Patient's work status is regular duties. MTUS Chronic Pain Medication Guidelines, page 63-66, Muscle Relaxants section: "Carisoprodol has the following (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." The treater has not specifically discussed this request; no RFA was provided either. Review of the medical records provided did not indicate prior use of Soma and it appears that the treater is initiating it. MTUS guidelines support the use of this medication for 2-3 weeks provided it is directed at an acute injury or recent flare up. However, this patient presents with uncomplicated chronic pain in the bilateral knees. Without evidence of recent re-injury, flare-up, or acute appearance of spasms for which Soma is considered appropriate, this medication cannot be substantiated. Therefore, the request is not medically necessary.