MAXIMUS Federal Services

Case Number:	CM15-0190627		
Date Assigned:	10/05/2015	Date of Injury:	02/26/2014
Decision Date:	11/13/2015	UR Denial Date:	08/30/2015
Priority:	Standard	Application Received:	09/28/2015

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, South Carolina
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 59 year old female who sustained an industrial injury on 2-26-14. The injured worker reported left knee and low back discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for lumbosacral sprain and derangement of posterior horn of left lateral meniscus. Provider documentation dated 8-26-15 noted the work status as temporary totally disabled. Treatment has included Anaprox since at least March of 2015, Norco since at least March of 2015, tramadol since at least March of 2015, radiographic studies, at least 12 sessions of physical therapy, magnetic resonance imaging, injection therapy, left knee lateral meniscectomy (2-5-15), and home exercise program. Objective findings dated 8-26-15 were notable for tenderness to L5-S1, painful forward flexion to ankles, mild right lower extremity antalgic gait noted, and medial facet tenderness to the touch. The original Utilization Review (8-30-15) partially approved a request for Prilosec 20mg, 1 tablet 2 times per day, #60, Ultram 50mg, 1 tablet 3 times per day, #60, and series of three (3) Synvisc injections for left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, 1 tablet 2 times per day, #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 (ODG), Pain Chapter - PPI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the cited MTUS guidelines, a proton pump inhibitor (PPI), such as Prilosec 20 mg, would be indicated in those started on a NSAID with an intermediate risk for gastrointestinal (GI) events and no cardiovascular disease. The intermediate risk factors include: age > 65 years; history of peptic ulcer, GI bleeding/perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs. According to the most recent treating physician notes, the injured worker had been on Anaprox, but she does not meet any of the criteria for being at risk for an intermediate GI event. Therefore, the request for Prilosec 20mg, 1 tablet 2 times per day, #60, is not medically necessary and appropriate.

Ultram 50mg, 1 tablet 3 times per day, #60: 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): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

Decision rationale: The cited CA MTUS guidelines recommend short acting opioids, such as tramadol (Ultram), for the control of chronic pain, and may be used for osteoarthritis pain that has not responded to first-line medications, such as NSAIDs or acetaminophen. Studies have shown that tramadol specifically decreased pain and symptoms for up to three months, but there is no recommendation for treatment beyond three months with osteoarthritic symptoms. In the case of nociceptive pain, opioids are the standard of care for moderate to severe pain. Tramadol is not recommended as first-line therapy for neuropathic pain, but may be considered as a second-line treatment. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's records have not included documentation of the pain with and without medication, no significant adverse effects, past urine drug testing, and objective functional improvement. Of primary importance is an appropriate period for follow-up to reassess the 4 A's, which could include monthly intervals. In addition, the weaning of opioids should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. Although Ultram may be a reasonable treatment option for this injured worker, the request does not meet guidelines. Therefore, the request for Ultram 50mg, 1 tablet 3 times per day, #60, is not medically necessary and appropriate.

Series of three (3) synvisc injections for left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Chapter: Knee and Leg - Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg (Acute & Chronic), Hyaluronic acid injections, ODG Knee & Leg (Acute & Chronic), Synvisc® (hylan).

Decision rationale: The CA MTUS guidelines are silent concerning the use of viscosupplements (Synvisc); however, the ODG recommends Synvisc as a possible option for severe osteoarthritis (OA) in injured workers who have not responded adequately to recommended conservative treatments (e.g. exercise, NSAIDs or acetaminophen) after three months, and to potentially delay total knee replacement. Severe osteoarthritis must be documented with pain that interferes with activities of daily living and has failed intra-articular steroids. Furthermore, viscosupplementation is not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, patellofemoral arthritis, and patellofemoral syndrome. AHRQ Comparative Effectiveness Research reported that in osteoarthritis of the knee, any clinical improvement attributable to viscosupplementation was likely small and not clinically relevant. According to recent treating physicians' progress reports for this injured worker, severe OA is not documented, and her diagnosis of chondromalacia patella is not recommended for Synvisc injections. Therefore, the request for series of three (3) Synvisc injections for left knee is not medically necessary and appropriate.