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| Case Number: | CM15-0196009 | | |
| Date Assigned: | 10/09/2015 | Date of Injury: | 07/31/2014 |
| Decision Date: | 11/23/2015 | UR Denial Date: | 09/22/2015 |
| Priority: | Standard | Application Received: | 10/05/2015 |

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: Arizona, California

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 46 year old male, who sustained an industrial injury on 7-31-2014. The injured worker was being treated for cervical spine musculoligamentous sprain-strain, rule out cervical spine discogenic disease, thoracic spine musculoligamentous sprain-strain with stenosis, lumbar spine musculoligamentous sprain-strain with radiculitis, lumbar spine disc protrusion per magnetic resonance imaging, bilateral shoulder sprain-strain, tendinitis, and osteoarthritis per magnetic resonance imaging, right shoulder impingement syndrome, osteoarthritis, right greater than left, per magnetic resonance imaging, bilateral hip sprain-strain, bilateral knee sprain-strain, bilateral knee internal derangement per magnetic resonance imaging, degenerative joint disease right knee, rule out bilateral knee meniscal tear, and sleep disturbance secondary to pain. Treatment to date has included diagnostics, chiropractic, physical therapy, and medications. Currently (8-28-2015), the injured worker complains of radiating neck and low back pain. He also reported pain in his mid-upper back, bilateral shoulders, bilateral hips, and bilateral knees. Pain in his neck, low back, bilateral shoulders and bilateral knees was rated 8 out of 10 ("same since his last visit"), and pain in his mid-upper back and bilateral hips was rated 7 out of 10 ("decreased from 8-10 on the last visit"). Exam of the cervical spine noted tenderness to palpation over the paraspinal muscles and spasm, restricted range of motion, and positive cervical compression test. Exam of the thoracic spine noted tenderness to palpation over the paraspinal muscles and spasm, along with restricted range of motion. Exam of the lumbar spine noted tenderness to palpation over the paraspinal muscles with spasm, restricted range of motion, and positive straight leg raise bilaterally. Exam of the

bilateral shoulders, hips and knees noted tenderness to palpation. He reported that Synvisc injection "helped with his right knee pain". His work status was total temporary disability. Current medication regimen was not noted. Activity of daily living function was not described. Previously prescribed medications included Anaprox DS and Fexmid. Urine toxicology (7-20-2015) was negative for all tested analytes, while on 6-05-2015 was positive for Hydrocodone and Amitriptyline. The duration of Norco use could not be accurately determined but urine toxicology on 3-11-2015 was positive for Hydrocodone. Radiographic imaging was submitted for the right knee, but not the left knee. The treatment plan included LSO back brace, Synvisc injections for the left knee x3, and Norco 5-325mg #60, non-certified by Utilization Review on 9-22-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO back brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar supports.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Inital Care, Physical Methods.

Decision rationale: According to the ACOEM guidelines, lumbar supports have not been shown to provided lasting benefit beyond the acute phase of symptom relief. In this case, the claimant's injury was remote and symptoms were chronic. Length of use was not specified. The use of a LSO brace is not medically necessary.

3 synvisc injections to the left 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 and Leg, Hyaluronic acid injections.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Summary.

Decision rationale: According to the guidelines, Criteria for Hyaluronic acid injections indicates: Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than

2000/mm³); Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; Failure to adequately respond to aspiration and injection of intra-articular steroids; Generally performed without fluoroscopic or ultrasound guidance; Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement (Wen, 2000). Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence; In this case, the claimant had MRI findings of degenerative disease in the right knee. The claimant did not have noted crepitus, age over 50 or mention of bony enlargement of the left knee. The request for 3 Synvisc injections of the left knee is not medically necessary.

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing, Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter and pg 35.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months. The urine test in July 2015 did not show Hydrocodone and was inconsistent with medications provided. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.