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| Case Number: | CM15-0199279 | | |
| Date Assigned: | 10/14/2015 | Date of Injury: | 01/23/2007 |
| Decision Date: | 11/24/2015 | UR Denial Date: | 09/11/2015 |
| Priority: | Standard | Application Received: | 10/09/2015 |

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 61-year-old male, with a reported date of injury of 01-23-2007. The diagnoses include internal derangement of the left knee, and depression, anxiety, stress, and weight gain due to chronic pain. Treatments and evaluation to date have included OxyContin, Oxycodone, Norco, Lidoderm patches, psychological treatment, Pennsaid, left knee arthroscopy, chondroplasty and limited synovectomy on 01-24-2008, left knee arthroscopy, chondroplasty, partial medial meniscectomy, and anterior cruciate ligament repair on 06-12-2007, four cortisone injections to the left knee, and cortisone injection to the left knee on 08-06-2015. The diagnostic studies to date have included a urine drug screen on 06-03-2015, which was positive for hydromorphone, dihydromorphinone, and Oxymorphone (consistent findings). The medical report dated 09-02-2015 indicates that the injured worker was status post two surgical interventions to the left knee. The injured worker complained of constant pain along the knee with kicking when walking. He had swelling and weakness along the knee. The objective findings of the knee include extension at 180 degrees, flexion at 145 degrees on the right, flexion at 165 degrees on the left, tenderness along the medial and lateral joint line, positive anterior drawer test, positive Lachman's test, negative McMurray test, tenderness along the inner and outer patella, positive compression test, and negative inhibition test. The injured worker is retired. The treatment plan included a prescription for MS Contin and Orthovisc injection times three to his knee and-or Synvisc injection to the knee. It was noted that at this time the injured worker was best able to do sedentary type of work. The treating physician requested Orthovisc injection times three and-or Synvisc injection to the knee and MS Contin 30mg #60. On 09-11-

2015, Utilization Review (UR) non-certified the request for Orthovisc injection times three and/or Synvisc injection to the knee and MS Contin 30mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injection x3 and/or Synvisc injection to the right 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 Chapter Hyaluronic acid injections.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter and pg 36.

Decision rationale: According to the guidelines, Synvisc injections are indicated for those with arthritis. In this case, the recent exam did not indicate crepitus, effusion or arthritic changes on imaging. There were physical findings of joint line pain consistent with menisectomy and chondromalacia. As a result, the request for Synvisc is not justified and not medically necessary.

MS Contin 30mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Oral morphine.

Decision rationale: According to the guidelines, Morphine is not 1st line for knee and joint pain. It may be used when pain is refractory to other medications. There is no indication that it is superior to Oxycontin. The claimant has been on Oxycontin and Oxycodone for several months. Recent notes do not indicate pain scores. In addition, the combined dosage of opioids prescribed exceeds the 120 mg of Morphine equivalent recommended for daily use. The use of MSContin is not medically necessary.