MAXIMUS Federal Services

Case Number:	CM15-0212792		
Date Assigned:	11/02/2015	Date of Injury:	10/04/2011
Decision Date:	12/15/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/29/2015

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: Iowa, Illinois, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 64-year-old male who sustained an industrial injury on 10-4-2011 and has been treated for right knee, right shoulder and low back pain. On 9-15-2015 the injured worker reported joint pain and muscle spasm. Objective findings in partially illegible note include swelling, tenderness, crepitus, and he was using a cane. Documented treatment includes right knee arthroscopic surgery 1-13-2012, knee brace, aquatic therapy, and home exercise. There were no previous medications noted to be part of the recent treatment plan. Naprosyn is being prescribed at this visit. The treating physician's plan of care also includes 3 Synvisc injections to the right knee, and beginning him on Ultram #120. This was denied on 10-2-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injection Right Knee (series of 3 injections, 6ml, total of 48mg): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Hyaluronic Acid Injections.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic acid injections.

Decision rationale: Synvisc is a high molecular weight hyaluronan. MTUS is silent regarding the use of ultrasound guided synvisc injections. While ACOEM guidelines do not specifically mention guidelines for usage of synvisc injections, it does state that "Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intraarticular infection." ODG recommends as guideline for Hyaluronic acid injections "Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (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, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age. - 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." ODG states that "This RCT found there was no benefit of hyaluronic acid injection after knee arthroscopic meniscectomy in the first 6 weeks after surgery, and concluded that routine use of HA after knee arthroscopy cannot be recommended". Additionally, ODG states that Hyaluronic acid injections "Generally performed without fluoroscopic or ultrasound guidance". The treating physician has provided documentation to meet the above guidelines. As such, the request for Synvisc Injection Right Knee (series of 3 injections, 6ml, total of 48mg) is medically necessary.

Ultram 60mg quantity 120: 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): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram).

Decision rationale: Tramadol is classified as a central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/ acetaminophen." MTUS states that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the

patient's decreased pain, increased level of function, or improved quality of life." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. As such, the request for Ultram 60mg quantity 120 is not medically necessary.