

Case Number:	CM15-0038958		
Date Assigned:	04/09/2015	Date of Injury:	03/18/2008
Decision Date:	05/19/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/02/2015

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 64-year-old male who reported an injury on 03/18/2008. The mechanism of injury was not provided. Diagnoses included internal derangement of the knee bilaterally, discogenic lumbar condition with disc disease from T11-S1 with facet changes from L2-S1 and lateral disc protrusion at L1-2, chronic pain syndrome, weight gain, depression, and sleep deprivation. Surgical history included intervention of the left knee with persistent symptomatology. Diagnostic studies included: standing x-ray of both knees revealed 2 mm articular surface left on both knees. Other therapies were noted to include knee brace, hot and cold wraps, TENS unit, status post injection to each knee, but no Hyalgan. On 01/20/2015, the injured worker was seen for low back and bilateral knee pain. She has Norco, which she has enough until next visit; however, she does need muscle relaxants. She had gained roughly 40 pounds. She has been on Trazodone. She no longer uses a cane. She has a back brace with hot and cold wraps. She has a knee hinge brace for both knees used on occasion. She has a TENS unit which is not strong enough, and requested a stronger 1; and uses a pool at a "facility she lives." She has a custom knee brace for the left, but not the right. She is minimizing chores at her home and limits her squatting and kneeling. She had an EMG of upper extremities in 12/2014. She has not had EMG of the lower extremities for several years. MRI of the lumbar spine on 09/23/2014 showed bulging at the L2-3, L3-4, and L4-5, with mild foraminal narrowing and hypertrophy. On examination, there was tenderness across the lumbar paraspinal muscles and pain with facet loading more on the left side. There was some weakness to function. Right knee flexion was 90 degrees; left knee flexion was 105 degrees. The treatment plan noted the

injured worker had been approved for psychiatry, "but will not do that because she does not want to have injections." UR 12/26/2014 lowered Flexeril to #30, UR 11/2014 MRI lumbar spine denied, approved Norco, denied Lidopro cream, denial 10/2014 for cortisone injection to the right knee because it was submitted under the incorrect claim number. There was a request for physical therapy in 09/2014 that never materialized. The provider was requesting the report of the MRI done 09/2014 in Sacramento. The provider is requesting a 10 panel urine screen; EMG of the lower extremities since it has been 1 year since the previous request; another TENS unit with garment because the 1 she currently has is not strong enough; acupuncture for injured worker's knee for 12 sessions; a custom brace for the right knee; standing x-rays for both knees; and Hyalgan injection series of 5 for the left knee and if it works she will have it done for the right knee. (It was noted that the previous Injection was not very helpful for the right knee.) She does not want surgery for the right knee. The request for authorization was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (Knees) QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture (knees) QTY: 12 is not supported. The patient has a history of bilateral knee pain. The California MTUS Acupuncture Guidelines state frequency and duration of acupuncture is 3 to 6 treatments. The request is for 12 treatments. Although the injured worker has pain that is increased with weather change, and decreased range of motion, the request exceeds the guideline recommendations. As such, the request is not medically necessary.

Custom Right Knee Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: The request for custom right knee brace is not supported. The patient has a history of bilateral knee pain. The California MTUS Guidelines state a brace can be used for plantar instability, ACL tear, or MCL instability although its benefits may be more emotional than medical. There is a lack of documentation of a trial or failure of off the shelf orthotics. There is a lack of documentation of limb abnormalities that require custom orthotics. As such, the request is not medically necessary.

Hyalgen Injection Series (Right Knee) QTY: 5: 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) ODG-TWC; ODG Treatment; Integrated Treatment/Disability Duration Guidelines, Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Hyalgen injection.

Decision rationale: The request for Hyalgen injection series (right knee) QTY: 5: is not supported. The patient has a history of bilateral knee pain. The Official Disability Guidelines recommend Hyalgen injections as an option for osteoarthritis. It was noted that the injured worker had bilateral knee pain that increased with cold weather. Exam revealed decreased range of motion. There is a lack of documentation of imaging studies performed. There is a lack of documentation of non-operative treatment or conservative care trial and failure. The request is not medically necessary.

Hyalgen Injection Series (Left Knee) QTY: 5: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Hyalgen injection.

Decision rationale: The request for Hyalgen injection series (left knee) QTY: 5: is not supported. The patient has a history of bilateral knee pain. The Official Disability Guidelines recommend Hyalgen injections as an option for osteoarthritis. It was noted that the injured worker had bilateral knee pain that increased with cold weather. Exam revealed decreased range of motion. There is a lack of documentation of imaging studies performed. There is a lack of documentation of non-operative treatment or conservative care trial and failure. The request is not medically necessary.

Nalfon: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: The request for Nalfon is not supported. The patient has a history of bilateral knee pain. The California MTUS Guidelines state NSAIDs are recommended at the

lowest dose for the shortest period of time in patients with moderate to severe pain. There is a lack of documentation of functional improvement from said medication. The request does not have frequency, dosage, or quantity provided. As such, the request is not medically necessary.

Tramadol ER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

Decision rationale: The request for Tramadol ER is not supported. The patient has a history of bilateral knee pain. The California MTUS Guidelines state ongoing documentation of pain relief, functional status, appropriate medication use, and side effects should be noted. There is a lack of documentation of functional improvement and decrease in pain from said medication. There is a lack of documentation of urine drug screens performed. There is a lack of documentation of an opioid contract. Weaning is recommended for said medication. There is a lack of documentation of quantity, frequency, and dosage provided within the request. As such, the request is not medically necessary.

Protonix: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

Decision rationale: The request for Protonix is not supported. The patient has a history of bilateral knee pain. The California MTUS Guidelines state: determine if a patient is at risk for gastrointestinal events; over the age of 65; history of peptic ulcer, GI bleed, or perforations; currently using aspirin, corticosteroids, and/or anticoagulants or high dose multiple NSAIDs. The injured worker is not over the age of 65. There is a lack of documentation of increased risk for gastrointestinal events. The request lacks quantity, frequency, and dosage. As such, the request is not medically necessary.

Neurontin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-22.

Decision rationale: The request for Neurontin is not supported. The patient has a history of bilateral knee pain. The California MTUS Guidelines state Neurontin has been shown to be effective for treatment of diabetic painful neuropathy and post-therpetic neuralgia, and has been considered a first line treatment for neuropathic pain. The injured worker does have neuropathy symptoms. There is a lack of documentation of the injured worker having diabetic painful neuropathy or post-therpetic neuralgia. The request lacks frequency, dosage, and quantity being requested. As such, the request is not medically necessary.

Flexeril: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41, 64.

Decision rationale: The request for Flexeril is not supported. The patient has a history of bilateral knee pain. The California MTUS Guidelines state Flexeril is recommended for chronic pain as an option using a short course of therapy. It is unclear how long the injured worker has been on Flexeril. There is a lack of documentation of improved function. There is a lack of documentation of misuse of said medication. There is a lack of documentation of decreased VAS score. The request lacks frequency, dosage, and quantity on request. The request is not supported. Weaning is recommended for said medication. As such, the request is not medically necessary.

Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for physical therapy is not supported. The patient has a history of bilateral knee pain. The California MTUS Guidelines state that a total of 10 visits of therapy is recommended. There is a lack of documentation of frequency and duration for physical therapy. There is a lack of documentation of body part for which therapy is to be given. There is a lack of documentation the injured worker had received physical therapy. The request is not medically necessary.