

<b>Case Number:</b>	CM15-0068489		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	03/01/2004
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 03/01/2004. He has reported subsequent back pain and was diagnosed with displacement of lumbar intervertebral disc, lumbago, pain in thoracic spine and lumbosacral sprain. Treatment to date has included oral pain medication, Synvisc injection and selective nerve root injection. In a progress note dated 03/11/2015, the injured worker complained of low back and bilateral knee pain. Objective findings were notable for tenderness to palpation over the right medial side of the right knee. A request for authorization of Synvisc injection of the right and left knees, Relafen, Norco 10/325 mg # 60 (do not dispense until 04/11/2015) and Norco 10/325 mg #60 (do not dispense until 05/11/2015) was made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Synvisc-One Injection for 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Criteria for Hyaluronic Injections.

**Decision rationale:** Guidelines recommend Synvisc injections as a possible option for severe osteoarthritis for patients who have not responded to conservative treatments to potentially delay total knee replacement. In this case, severe osteoarthritis of the knee was not documented, nor was radiographic evidence of osteoarthritis noted. There was no documentation of failure of conservative treatment to the knees or failure to respond to aspiration and injection of steroids. The request for Synvisc injection for the right knee is not medically necessary.

**1 Synvisc-One Injection for 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Criteria for Hyaluronic acid injections.

**Decision rationale:** Guidelines recommend Synvisc injections as a possible option for severe osteoarthritis for patients who have not responded to conservative treatments to potentially delay total knee replacement. In this case, severe osteoarthritis of the knee was not documented, nor was radiographic evidence of osteoarthritis noted. There was no documentation of failure of conservative treatment to the knees or failure to respond to aspiration and injection of steroids. The request for Synvisc injection for the left knee is not medically necessary.

**30 Relafen 750mg with 2 Refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** Guidelines recommend NSAIDs for treatment of osteoarthritis at the lowest effective dose for the shortest period of time. In this case, there is a lack of evidence of objective and radiographic findings suggestive of the diagnosis of osteoarthritis. The request for Relafen 750 mg #30 with 2 refills is not medically necessary.

**60 Norco 10/325mg (Do Not Dispense Until 4/11/15): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** Guidelines support short-term use of opiates for moderate to severe pain after first line medications have failed. Long-term use may be appropriate if there is functional improvement and stabilization of pain without evidence of non-compliant behavior and interval assessment of efficacy with documentation of response to therapy. In this case, the patient has been taking oxycontin long term without interval assessment of efficacy and documentation of response to therapy. The request for Norco 10/325 mg #60 on 4/11/15 is not medically necessary without interval assessment.

**60 Norco 10/325mg (Do Not Dispense Until 5/11/15): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** Guidelines support short-term use of opiates for moderate to severe pain after first line medications have failed. Long-term use may be appropriate if there is functional improvement and stabilization of pain without evidence of non-compliant behavior and interval assessment of efficacy with documentation of response to therapy. In this case, the patient has been taking oxycontin long term without interval assessment of efficacy and documentation of response to therapy. The request for Norco 10/325 mg #60 on 5/11/15 is not medically necessary without interval assessment.