

Case Number:	CM14-0147855		
Date Assigned:	09/15/2014	Date of Injury:	10/18/2012
Decision Date:	10/15/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54-year old right-handed female who sustained multiple work-related injuries on May 12, 2010, August 26, 2011, March 15, 2012 as well as a cumulative trauma injury from October 26, 2011 up to October 26, 2012. She was diagnosed with (a) flare up of the right knee after arthroscopic surgery, (b) left knee pain, (c) anterior cruciate ligament deficient knee, (d) left knee osteoarthritis and (e) bilateral carpal tunnel syndrome. Treatments to date include acupuncture, chiropractic treatment, physical therapy, medications and surgery. In an evaluation dated July 16, 2014 she complained of a flare-up of her right knee pain with swelling and crepitation. Examination of the lower extremities revealed a small effusion. Range of motion was slightly limited with crepitation. Tenderness was noted over the joint lines. Examination of the left knee revealed tenderness over the patellar facets and joint lines. Lachman's and Drawer's signs were positive. Range of motion was slightly decreased and crepitation was also noted. X-ray of the left was reviewed and result showed severe medial compartment joint space narrowing with osteophytes, cysts and sclerosis. A mixture of lidocaine and Kenalog was injected on the right knee. In a progress note dated August 8, 2014 she complained of mild bilateral wrist pain with weight bearing, neck pain which was more pronounced at the periscapular region, moderate to severe flare-ups of midscapular spasm and continued bilateral knee pain. She rated her pain to be at 9 out of 10 on the pain scale. This is a review for the requested bilateral knee Supartz injections for six times. Norco 10/325mg, #60, Prilosec 20 mg, #60 (time 1 refill), Naprosyn 550mg, #60 (times 1 refill), Flexeril 7.5mg, #30 (times 1 refill) and Norcosoft #60 (times 1 refill).

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral knee supartz injections times 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Knee -Viscosupplementation and criteria for Hyaluronic acid

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 (Acute & Chronic), Hyaluronic Acid Injections

Decision rationale: The medical records received have limited information to support the necessity of the bilateral knee Supartz injection for six times. As per guidelines, hyaluronic injections are recommended as an option for osteoarthritis of the knees. However, although there were indications that the injured worker has degenerative joint disease, there is no definite diagnosis for osteoarthritis and the course of treatment did not specifically concern such diagnosis. Additionally, there is lack of documentation of failure of trial of other types of injection such corticosteroids and it is unclear why the viscosupplementation cannot be provided with the use of generic hyaluronic acid injections.

Norco 10/325mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, long-term and Opioids, specific drug list Page(s): 76-80,.

Decision rationale: Evidence-based guidelines indicate that opioids are not recommended to be used in the chronic phase. If it is to be used documentation should meet the criteria as outlined by evidence-based guidelines. Criteria for ongoing management with opioids include that the prescription must come from a single provider and all prescriptions must be received from a single pharmacy, lowest dose possible should be provided, there should be documentation of the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors), use of drug screening, documentation of misuse of medications, and continuing review of overall situation with regard to non-opioid means of pain control. Evidence-based guidelines further indicate that discontinuation of opioids should be done if there is no overall improvement in function unless there are extenuating circumstances or in order to continue opioid medication the injured worker should be documented that he has returned to work and has improved functioning and pain. In this case, the injured worker is noted to be using opioids in the long-term. However, documented pain levels are noted at 9 out of 10 with no documentation of functional improvement. Based on these reasons, the medical necessity of the requested Norco 10/325 milligrams #60 is not established.

Prilosec 20mg, #60 (times 1 refill): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The medical records received have limited information to support the necessity of Prilosec. The Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in workers with increased risk of gastrointestinal events. As per guidelines, long-term use has been shown to increase the risk of hip fracture. Although in the past the injured worker is known to have been diagnosed with gastritis, the recent progress notes have failed to establish the presence of dyspepsia, either non steroidal anti-inflammatory drug-induced or stand-alone. Further, since the request for Norco and Naprosyn is deemed not medically necessary, a proton pump inhibitor is not medically necessary for gastrointestinal protection. Therefore, it can be concluded that the medical necessity of the requested Prilosec 20mg, #60 is not medically necessary at this time.

Naprosyn 550mg, #60 (times 1 refill): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 73.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend non-steroidal anti-inflammatory medications as a second-line treatment after acetaminophen for acute exacerbations of chronic low back pain. The guidelines note that it is reasonable to provide a 30-day trial of naproxen with further treatment to be considered on the documentation of symptomatic and functional benefit. However, the available medical records for review do not document functional improvement with chronic naproxen (Naprosyn) use. The guidelines do not support the request for continued use of naproxen sodium in this case. Therefore it can be concluded that the request for naproxen sodium 550 mg #60 with one refill is not medically necessary.

Flexeril 7.5mg, #30 (times 1 refill): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Muscle relaxants Page(s): 41-42 64.

Decision rationale: The medical records provided limited information to support the necessity of the Flexeril. There is lack of subjective and objective findings to support the presence of

acute exacerbation of symptoms in her affected areas, the only available objective findings were tenderness, positive orthopedic tests and presence of crepitation. Other aspects such as reflexes and muscle strength were unremarkable. In addition, the evidenced-based guidelines indicated that this medication can be used for short-term treatment of acute exacerbations in workers with chronic low back pain and based on the medical records; the injured worker has been utilizing the medication for months already with no objective functional improvement noted such as decrease in pain level, increase range of motion as well as increase ability to perform activities of daily living. It was also indicated that the medication is not recommended to be used for longer than 2-3 weeks due to possible development of dependence.

Norcsoft #60 (times 1 refill): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The medical records provided limited information to support the necessity of the requested Norcosoft #60. Narcosoft is a medical nutritional supplement containing a blend of soluble fibers and natural laxatives that may help relieve symptoms of constipation. However, medical records did not document any complaints of such problems to warrant the need for this medical supplement. Additionally, per the Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated when initiating opioid therapy. Therefore, as the request for Norco is deemed not medically necessary, hence the medical necessity for Narcosoft #60 is not established.