

Case Number:	CM15-0016373		
Date Assigned:	02/04/2015	Date of Injury:	12/30/1997
Decision Date:	03/20/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/28/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 65 year old male, who sustained an industrial injury on 12/30/97. He has reported low back pain, bilateral knee pain, and elbow wrist and leg pain. The diagnoses have included lumbar spondylosis and osteoarthritis of the knee. Treatment to date has included medications, diagnostics, physical therapy, surgery, and trigger point injections. Currently, the injured worker complains of continued low back, elbow, wrist and knee pain described as numbness, pins and needles which radiates down the leg. The pain without medication is rated 10/10 and with medication is rated 5/10. The pain is improved with medications and aggravated by activity and movement. The physical exam revealed lumbar spine range of motion decreased and pain with range of motion testing. The bilateral straight leg raise tests were positive. There was tenderness over the lumbar facet joints. The right knee has baker cyst and effusion. There is palpable tenderness to the lateral and medial joint line. Work status was not working/permanent and stationary. On 1/9/15 Utilization Review modified a request for One (1) prescription of Norco 10/325mg modified to One (1) prescription of Norco 10/325mg #45, noting the guidelines recommend tapering to avoid withdrawal. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited. On 1/9/15 Utilization Review non-certified a request for One (1) Hyalgan knee injection, noting that since the injured worker did not have 6 months of significant improved symptoms, repeat injections are not warranted at this time. The Official Disability Guidelines (ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 65 year old male has complained of low back pain and right knee pain since date of injury 12/30/97. He has been treated with physical therapy, trigger point injections, surgery and medications to include opioids since at least 08/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.

One (1) Hyalgan knee injection: 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 & Let (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 339.

Decision rationale: This 65 year old male has complained of low back pain and right knee pain since date of injury 12/30/97. He has been treated with physical therapy, trigger point injections, surgery and medications to include opioids since at least 08/2014. The current request is for hyalgan knee injection. Per the MTUS guideline cited above, Hyalgan injections for knee pain are not a recommended pharmaceutical or procedural intervention. On the basis of the MTUS guideline cited above, viscosupplementation to the left knee (Hyalgan) is not indicated as medically necessary in this patient.