

Case Number:	CM15-0068963		
Date Assigned:	04/16/2015	Date of Injury:	04/15/2009
Decision Date:	05/15/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old male who sustained an industrial injury on April 15, 2009. He has reported low back pain, bilateral knee pain, and left shoulder pain and has been diagnosed with bilateral knee moderate tricompartmental arthritis, status post 2 left knee arthroscopic surgeries, bilateral shoulder strain, chronic low back pain, myofascial pain syndrome, bilateral plantar fasciitis, and rule out psoriatic arthritis. Treatment has included surgery, injections, modified work duty, medications and physical therapy. Currently the injured worker complains of constant low back pain without radicular symptoms, left knee pain and intermittent right knee pain as well as pain in both shoulders, left more so than the right. The treatment request included Synvisc injections to bilateral knees, trazodone, and prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc one to bilateral knees: Overturned

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 & Leg, Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter, hyaluronic acid.

Decision rationale: The MTUS does not include recommendations regarding use of hyaluronic acid injections, and therefore the ODG guidelines provide the preferred mechanism for assessment of medical necessity in this case. The provided medical records show history of osteoarthritis and a history of steroid injections along with other preferred treatment modalities. The ODG criteria for hyaluronic acid injections include significant symptomatic osteoarthritis without adequate response to recommended conservative treatment (exercise, etc.) and pharmacologic treatments or intolerance to these therapies after at least three months. In this case it appears that similar injections were attempted in October 2013 with no evidence of documented functional improvement, however, given the continued symptoms and the patient's age, in attempt to avoid arthroplasty earlier than absolutely necessary, repeat injections are reasonable. The patient has a history of diabetes, making recurrent steroid injections somewhat more concerning with respect to possible impacts on glucose control. In this case, within the limitations of the provided medical records, it is reasonable to consider the requested modality, making the treatment request for hyaluronic acid injections medically appropriate.

Trazodone tab 50mg #120 with no refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress (updated 02/10/15), Trazodone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress, insomnia treatment.

Decision rationale: The MTUS does not mention Trazodone with respect to insomnia, and therefore the ODG provides the preferred mechanism for assessing medical necessity in this case. The ODG discuss the drug being used to treat insomnia. Trazodone may be an option in patients with coexisting depression. Trazodone is one of the most commonly prescribed agents for insomnia, and in this case it appears the patient has been diagnosed with an adjustment disorder, but not depression per the provided documents. Because adjustment disorder typically entails depressive symptoms, and given the patient's history of insomnia, it is the opinion of this reviewer that Trazodone is a reasonable treatment modality for use in this case. Therefore the request for Trazodone is considered medically appropriate.

Prilosec cap 20mg #30 with 3 refills: 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), Proton pump inhibitors.

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

Decision rationale: Several notes listed in the provided reports mention use of NSAIDs for pain, but there is no clear recent medication reconciliation provided that indicates with certainty the patient's current medication regimen. The MTUS states that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. There is no formal objective evidence on the physical exam, etc. documenting specific gastrointestinal symptoms or findings in the provided records. It is the opinion of this reviewer that the request for Prilosec cannot be considered medically necessary at this time due to lack of clear medications currently being taken and with lack of evidence for gastrointestinal risk based on the provided documents.