

Case Number:	CM15-0091598		
Date Assigned:	05/18/2015	Date of Injury:	09/27/2004
Decision Date:	06/23/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/12/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 55 year old female, who sustained an industrial injury on 9/27/2004. She reported developing increasing back pain with radiation to extremities following a lifting activity. Diagnoses include internal derangement right knee status post surgical repair healed with residuals, lumbar disc herniation, intermittent radiculitis, and chronic cervical, thoracic, and lumbar strains. Treatments to date include activity modification, medication therapy, physical therapy, epidural injections, group therapy, and cortisone injections to the knee joint. Currently, she complained of right knee pain associated with numbness and swelling. The steroid injection to the right knee administered in December 2014 was reported to have decreased pain. On 3/25/15, the physical examination documented decreased range of motion in the right knee with tenderness, effusion, crepitus and the anterior drawer sign was present. The medical records from February 2015 documented prior approval had been obtained for Synvisc injections to the right knee; however, the injured worker had declined treatment at that time. The plan of care included requests for continued Hydrocodone 5/300mg tablets, one four times a day, quantity #120; and request for a series of three Synvisc injections to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Synvisc injections: 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), Hyaluronic Acid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Hyaluronic acid injections.

Decision rationale: Regarding the request for Synvisc, Occupational Medicine Practice Guidelines do not contain specific criteria regarding the use of hyaluronic acid injections. ODG states that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments. Within the documentation available for review, there is no documentation of failure of conservative treatment including physical therapy and steroid injections. As such, the currently requested Synvisc injections for the knee are not medically necessary.

Hydrocodone 5/300 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Hydrocodone 5/300 (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Hydrocodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Hydrocodone 5/300 (hydrocodone/acetaminophen) is not medically necessary.