MAXIMUS Federal Services

Case Number:	CM15-0096248		
Date Assigned:	05/27/2015	Date of Injury:	11/10/1992
Decision Date:	06/29/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/20/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 69-year-old female patient, with a reported date of injury of 11/10/1992.
The diagnoses include osteoarthritis of the knees, chronic lumbar spine pain, lumbosacral neuritis, and lumbar disc displacement. Per the follow-up visit note dated 04/28/2015, she was given a prescription for Synvisc due to a flare-up of right knee pain. She reported ongoing increased low back pain, with ongoing lower extremity numbness and tingling bilaterally. She also had low back spasm and knee pain that awakened her at night. The physical examination showed difficulty standing from a seated position due to right low back pain and right knee pain; joint line tenderness on palpation of the right knee over the medial aspect of the right knee; osteoarthritic changes in the right knee; tenderness to palpation of the right greater than the left lumbar paraspinal muscles with diminished sensation of the posterolateral aspects of both lower extremities in the thighs, calves, and dorsum of both feet, greatest on the right; inability to stand on her heels and toes; and diminished balance. The medications list includes ultram, robaxin and neurontin. She has had electro diagnostic studies, an MRI of the lumbar spine on 11/18/2011, x-rays of the lumbar spine on 09/01/2011 and 01/23/2012, and an MRI of the right knee on 08/13/2010 which showed tricompartmental degenerative osteoarthritis, full thickness cartilage loss over the medial patellofemoral compartment and medial knee compartment, moderate knee joint effusion and moderate popliteal cyst, and MCL (medial collateral ligament) sprain. She has had steroid injection to the knee for this injury. The treating physician requested Robaxin 500mg #120 with two refills and Synvisc One for the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg, #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: Robaxin contains Methocarbamol, which is a muscle relaxant. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." The level of the pain with and without medications is not specified in the records provided. The need for robaxin on a daily basis with lack of documented improvement in function is not fully established. Muscle relaxants are not recommended for long periods of time. Evidence of muscle spasm or acute exacerbation is not specified in the records provided. Robaxin 500mg, #120 with 2 refills is not medically necessary for this patient at this juncture.

Synvisc injection (bilateral) 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 (ODG), Knee Chapter, Viscosupplementation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee &Leg (updated 05/05/15) Hyaluronic acid injections.

Decision rationale: Per the ODG Guidelines "Criteria for Hyaluronic acid injections: Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age. Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; failure to adequately respond to aspiration and injection of intra-articular steroids." Response to previous conservative/non operative therapy for the bilateral knees is not specified in the records

provided. Any intolerance or lack of response to standard oral pharmacologic treatment (NSAIDS) is not specified in the records provided. Evidence of significantly symptomatic osteoarthritis in the LEFT knee is not specified in the records provided. Synvisc injection (bilateral) knee is not medically necessary for this patient at this time.