

## Independent Medical Review Final Determination Letter

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Dated: 12/26/2013

<b>IMR Case Number:</b>	CM13-0017939	<b>Date of Injury:</b>	01/12/1998
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	08/28/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED] M.D.		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
PLEASE REFERENCE UTILIZATION REVIEW DETERMINATION LETTER			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: PARTIAL OVERTURN. This means we decided that some (but not all) of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]  
[REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

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

65 y.o. with an injury from 1/12/98. Patient suffers from chronic bilateral knee pains having had multiple surgeries of both knees. The patient has had lumbar laminectomy with spinal cord implantation in 2005 and revision in 2009, and is currently providing about 60% pain relief. The denial of the requested items are from 8/20/13 and the report was reviewed.

Request for Synvisc injection dated 8/6/13. 7/24/13 report by Dr. [REDACTED] is requesting Synvisc injection indicating that the patient has severe degenerative joint disease, since patient responded well to cortisone injection. The treater also documents discrete taut band palpable muscle with local twitch response and trigger point injections were administered. For medications, the treater notes functional response, with increased functional abilities throughout the day. MRI of L-spine from 2004 showed 2-3mm bulging discs/protrusion at multiple levels along with facet hypertrophy. Left hip MRI from 2004 was unremarkable. Patient requires prilosec for GI discomfort from all the medications. 3/20/13 report by Dr. [REDACTED] again 4 TPI's were provided with same documentation, but does not mention which muscles. The patient was given 4 month supply of medication out of the office. This report is nearly identical to the other report from 7/24/13. No mention regarding how the patient has responded to TPI's in the past. Report from 11/20/12 by Dr. [REDACTED] who has discussed this with Dr. [REDACTED]. Use of medication allow him to function on a daily basis.

### IMR DECISION(S) AND RATIONALE(S)

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

**1. Four trigger point injections of Bupivacaine: is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 122, which is part of MTUS.

The Physician Reviewer's decision rationale:

It appears that Dr. [REDACTED] has provided at least two sets of trigger point injections (TPIs) during his routine quarterly visitations with this patient. His documentations are identical for both visits. He does not identify which muscles are actually triggering. He seems to know what words to use to perform the trigger point injection whether than describing what he is seeing in his patient. There is no documentation as to how long these trigger point injections are actually helping the patient. Again, reading the reports does not show that the patient actually benefits from these injections. He states that they do, right after the injections are performed, but on a follow-up note, there is no discussion as to how the patient responded previously. MTUS requires documentation of significant pain and functional benefit from these injections for them to be repeated.

**2. Norco 10/325 #360 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May 2009), Opioids, criteria for us, which is part of MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Criteria for use of opioids, page 88,89, which is part of MTUS.

The Physician Reviewer's decision rationale:

Unfortunately, the treating physician does not provide any before and after pain scales for the use of Norco. There are no average, least pain level, how long it takes before medications work and how long they last. The treater has some general statements regarding functional benefits but no specifics are provided such as the patient's activities of daily living (ADLs), is there ability to self-care, to perform ADL's, exercise, work. MTUS also requires validated functional numerical evaluation at least once every 6 months. Dr. [REDACTED] does not provide such a scale to validate the use of opiates in this patient which would meet guideline criteria for continuation.

**3. Soma 350mg #90 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May 2009), Muscle relaxants (for Pain), which is part of MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma), page 29, which is part of MTUS.

The Physician Reviewer's decision rationale:

MTUS does not allow the use of Soma for chronic pain patients. This patient suffers from multiple musculoskeletal pain syndromes and use of Soma is not supported by MTUS.

**4. Halcion 0.25mg #30 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Official Disability Guidelines, Insomnia treatments, which is not part of MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Insomnia treatments, which is not part of MTUS.

The Physician Reviewer's decision rationale:

MTUS and ACOEM do not discuss Halcion but the Official Disability Guidelines guidelines do not support the use of Halcion(benzodiazepine) for long-term use in management of insomnia. Review of the reports would indicate that this medication is prescribed not for a short-term but for daily use to manage this patient's insomnia.

**5. Medi-Flexx #180 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Official Disability Guidelines, Pain (acute and chronic), which is not part of MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Glucosamine/Chondroitin, which is not part of MTUS.

The Physician Reviewer's decision rationale:

The MTUS/ACOEM do not address Glucosamine/Chondroitin. In this patient, use of Glucosamine may be indicated but careful reading of ODG guidelines do not support Glucosamine/Chondroitin combination treatment. It states that Chondroitin sulfate has no effect on comfort in patients with severe degenerative arthritis of the knee. Furthermore, the treater does not report or discuss the efficacy of this combination. Despite review of the last 12 months of reports, there is no mention of whether or not the patient is benefitting from the use of Medi-Flexx.

**6. Synvisc injection is medically necessary and appropriate.**

The Claims Administrator did not cite any guidelines for its decision.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial

Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Synvisc for knee, which is not part of MTUS.

The Physician Reviewer's decision rationale:

Review of the medical records do not indicate this patient has had previous Synvisc injections. There is clear documentation of severe arthritic knees. While MTUS/ACOEM does not discuss Synvisc injections, ODG does provide support.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]