
Notice of Independent Medical Review Determination

Dated: 11/20/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/1/2013
Date of Injury:	7/6/2009
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003892

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Synvisc injections, left knee, series of three is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Norco 10/325MG #180 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20MG #60 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Topamax 50MG #60 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/7/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Synvisc injections, left knee, series of three is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Norco 10/325MG #180 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20MG #60 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Topamax 50MG #60 is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 1, 2013:

██████████ is a 51 year old female with a date of injury of 07/06/09. ACCEPTED BODY PART(S): Knee (Left). She continues to complain of pain in her left knee, having gone arthroscopic surgery to repair anterior cruciate ligament tear. She is using a left knee rigid brace that does help alleviate pain, as well as provide support to the left knee when she ambulates. She is taking 3-4 Norco per day and Anaprox. She continues to receive individual cognitive behavioral psychotherapy sessions with Dr. ██████████, Clinical psychologist to address her depressive symptoms and anxiety. She remains on Xanax 2 mg prn. Objective: She appears to be in mild distress and walks with an antalgic gait favoring the left lower extremity. Cervical spine: there is tenderness to palpation in the posterior cervical spine musculature, trapezius, medial scapular and sub occipital region. There are multiple trigger points and taut bands palpated throughout. ROM reduced in all areas. DTR 2+ bilateral. Upper extremity motor: 5/5 throughout. Lumbar spine: There is tenderness top palpation about the lumbar paravertebral musculature and sciatic notch region. There are trigger points and taut bands with tenderness to palpation noted throughout. ROM reduced in all areas.

Left knee: swelling and she is wearing a rigid left knee brace. DTRs 2+. Motor testing is 5/5 throughout Sensory examination to Wartenberg pinprick wheel is non-focal and symmetrical. The straight leg raise in the modified sitting position is negative at 65 degrees bilateral. Cervical MRI on July 30, 2011 revealed degenerative disc disease throughout the cervical spine with a 3 mm retrolisthesis of CS-6 and C6-7. There is bilateral neural foraminal narrowing and straightening of the normal cervical lordosis. MRI lumbar spine on July 30, 2011 revealed a 3-4 mm disc protrusions throughout the lumbar spine. MRI left knee July 30, 2011 revealed a complex tear of the lateral meniscus with a bucket handle tear of the meniscus fragment in the anterior and medial intercondylar notch. There is a large radial tear of the medial meniscus and a complex tear of the anterior cruciate ligament. There is tricompartmental osteoarthritis.”

Documents Reviewed for Determination:

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

- Application for Independent Medical Review (received 07/26/2013)
- Utilization Review Determination from [REDACTED] (dated 07/01/2013)
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request Synvisc injections, left knee, series of three :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) Hyaluronic acid injections, which is not a part of MTUS.

The Expert 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 Expert Reviewer based his/her decision on the Official Disability Guidelines, Knee and Leg Chapter, Criteria for Hyaluronic acid injections, which is not a part of the MTUS.

Rationale for the Decision:

The employee reported a work related injury on 7/6/2009. Notes indicate that the employee underwent surgery on the left knee on 07/11/2012 for repair of an ACL tear and for repair of damaged medial meniscus and lateral meniscus. Notes also indicated the employee has had prior intracortical steroid injections in the past which were beneficial, but only provided short-term relief. Medications listed for the patient included Norco 10/325 mg, Anaprox DS 550 mg, Prilosec 20 mg, Topamax 50 mg, Wellbutrin 100 mg, Xanax 200 mg, and a Dendracin topical analgesic cream. The request is for Synvisc injections, left knee, series of three.

The California MTUS/ACOEM Guidelines do not specifically address Synvisc injections. The Official Disability Guidelines indicate the recommendation for treatment with Synvisc injections is an option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments, which include exercise and NSAID therapy.

Further criteria for the injections includes the recommendation for hyaluronic acid injections for symptomatic osteoarthritis for patients who have not responded adequately to recommended conservative non-pharmacological and pharmacological treatments or are intolerant of these therapies after at least 3 months. Furthermore, there should be documented symptomatic severe osteoarthritis of the knee with at least 5 of the following findings: (1) bony enlargement, (2) bony tenderness, (3) crepitus, (4) erythrocyte sedimentation rate less than 40 mm/hr, less than 30 minutes of morning stiffness, no palpation warmth of the synovium, over 50 years of age, and rheumatoid factor less than 1:40 titer, as well as synovial fluid signs. Additionally, the guidelines indicate the recommendation for repeat series of injections if there is documented significant improvement in symptoms for 6 months or more and if symptoms occur, then it may be reasonable to complete another series. After a review of the documents submitted for review, it indicates the patient to have decreased range of motion of the knee with crepitus noted on a recent Agreed Medical Evaluation. Negative findings were noted for any orthopedic testing of the knee and there is a lack of documentation indicating any deformity of the knee or bony tenderness. Furthermore, while documentation submitted for review indicates that the patient has undergone prior injections, there is a lack of documentation suggesting that the patient has had greater than 6 months or more relief from the prior injections establishing medical necessity and reasonability to complete an additional series. **The request for Synvisc injections, left knee, series of three is not medically necessary and appropriate.**

2) Regarding the request for Norco 10/325MG #180:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), pg. 91 which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids-ongoing management, pg. 78, which is a part of MTUS.

Rationale for the Decision:

The employee reported a work related injury on 7/6/2009. Notes indicate that the employee underwent surgery on her left knee on 07/11/2012 for repair of an ACL tear and for repair of damaged medial meniscus and lateral meniscus. Notes also indicated the employee has had prior intracortical steroid injections in the past which were beneficial, but only provided short-term relief. Medications listed for the patient included Norco 10/325 mg, Anaprox DS 550 mg, Prilosec 20 mg, Topamax 50 mg, Wellbutrin 100 mg, Xanax 200 mg, and a Dendracin topical analgesic cream. The request is for Norco 10/325mg #180.

The California MTUS Guidelines indicate that Norco is indicated for moderate to moderately severe pain. Furthermore, the guidelines detail the recommendation for the "4 A's" for ongoing monitoring of patients on opioid analgesics. These 4 domains include monitoring for analgesia, activities in daily living, adverse side effects, and aberrant drug-taking behavior.

After a review of the documentation submitted for review, while indicating that the employee has the ability to function with use of Norco, further indicates that the employee has had an increasing level of pain, causing the employee to increase her medication usage per day. Additionally, while the employee subjectively indicates having the ability to undertake her activities of daily living, any adverse side effects of the medication or documentation of the employee's behavior with regard to the medication is not indicated in the notes. Moreover, based on the indication that the employee has increasing pain, requiring the increased use of the medication, the request for Norco is not supported due to indication of ineffective analgesia of the medication. **The request for Norco 10/325 #180 is not medically necessary and appropriate.**

3) **Regarding the request Prilosec 20MG #60 :**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Use of NSAIDS, pg 69, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (May 2009), NSAIDs, GI symptoms & cardiovascular risk, pg. 68, which is a part of the MTUS.

Rationale for the Decision:

The employee reported a work related injury on 7/6/2009. Notes indicate that the employee underwent surgery on her left knee on 07/11/2012 for repair of an ACL tear and for repair of damaged medial meniscus and lateral meniscus. Notes also indicated the employee has had prior intracortical steroid injections in the past which were beneficial, but only provided short-term relief. Medications listed for the patient included Norco 10/325 mg, Anaprox DS 550 mg, Prilosec 20 mg, Topamax 50 mg, Wellbutrin 100 mg, Xanax 200 mg, and a Dendracin topical analgesic cream. The request is for Prilosec 20mg #60.

The California MTUS Guidelines indicate that proton pump inhibitors, such as Prilosec, are recommended for patients at intermediate risk for gastrointestinal events. However, the documentation submitted for review fails to indicate that the employee has current GI symptoms to warrant this medication or document the employee's risk for gastrointestinal events to meet California MTUS criteria. **The request for Prilosec 20mg #80 is not medically necessary and appropriate.**

4) **Regarding the request Topamax 50MG #60 :**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Treatment Guidelines (2009), pg. 21, which is a part of MTUS.

The Expert Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines, pg. 21, Topiramate, which is a part of the MTUS.

Rationale for the Decision:

The employee reported a work related injury on 7/6/2009. Notes indicate that the employee underwent surgery on her left knee on 07/11/2012 for repair of an ACL tear and for repair of damaged medial meniscus and lateral meniscus. Notes also indicated the employee has had prior intracortical steroid injections in the past which were beneficial, but only provided short-term relief. Medications listed for the patient included Norco 10/325 mg, Anaprox DS 550 mg, Prilosec 20 mg, Topamax 50 mg, Wellbutrin 100 mg, Xanax 200 mg, and a Dendracin topical analgesic cream. The request is for Topamax 50mg #60.

The California MTUS Guidelines indicate that Topamax is an antiepilepsy drug and has been shown to have variable efficacy with failure to demonstrate efficacy in neuropathic pain with central etiology. However, it is still considered for use for neuropathic pain when other anticonvulsants have failed. Furthermore, of note is that topiramate has recently been investigated as an adjunct treatment for obesity. However, the side effect profile limits its use in this regard. After a review of the documentation submitted for this review, indicates that the employee is prescribed Topamax 50 mg. However, there is a lack of documentation submitted for review indicating that the employee has undergone treatment with other anticonvulsants prior to the prescription of topiramate. Therefore, further clarification is needed of other treatments that have been tried for the employee prior to prescription of Topamax. **The request for Topamax 50mg #60 is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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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.