

<b>Case Number:</b>	CM13-0006409		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	09/24/2004
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] [REDACTED] parts manager who has filed a claim for chronic knee pain reportedly associated with an industrial injury of September 24, 2004. Thus far, the applicant has been treated with the following: analgesic medications, transfer of care to and from various providers in various specialties, unspecified amounts of physical therapy, unspecified amounts of chiropractic manipulative therapy, multiple knee surgeries, unspecified amounts of acupuncture, a left knee total knee replacement surgery, multiple left and right knee corticosteroid injections, opioid therapy, and periods of time off of work. In the Utilization Review Report dated August 2, 2013, the claims administrator denied a request for Supartz injections, Omeprazole, Tramadol, Biotherm lotion, and prescription drug monitoring. The applicant's attorney subsequently appealed. In a progress note dated March 19, 2014, the applicant presented with 9/10 bilateral knee pain, constant, reduced to 5/10 with medications. 0 to 120 degrees of right knee range of motion was noted associated with crepitation. The applicant was diagnosed with bilateral knee arthritis status post left knee total knee arthroplasty and left knee manipulation under anesthesia. The applicant was also status post right knee arthroscopy. Motrin, Tramadol, Ambien, Prilosec, home exercises, a custom knee brace, MRI imaging of the knee, and Supartz injections were sought. Permanent work restrictions are renewed, which the applicant's employer is apparently unable to accommodate. An earlier note of January 9, 2014 is notable for comments that the applicant was not working, reported 6/10 pain with medications and 9/10 pain without medications. Less stomach irritation was reported with Omeprazole. The applicant stated that sleep was improved with Ambien usage. Clicking, popping, and swelling were noted about the knees. A custom knee brace and right knee Supartz injections were sought. The applicant was given a right knee corticosteroid injection in the clinic setting.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Supartz injections to the right knee 1 x week x 3 weeks: 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), Treatment Index, 11th Edition (web), 2013, Knee and Leg; Hyaluronic acid injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM 3rd Edition, Knee chapter, Supartz or viscosupplementation Injections.

**Decision rationale:** The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Knee Chapter, Supartz or viscosupplementation injections are indicated in the treatment of moderate to severe knee osteoarthritis which is unsatisfactorily controlled with NSAIDs, acetaminophen, weight loss, and/or exercise. In this case, the patient has, in fact, tried, failed, and maximized operative and non-operative treatment in the form of time, medications, physical therapy, corticosteroid injection therapy, opioid therapy, knee braces, earlier knee arthroscopy, etc. Signs and symptoms of knee arthritis apparently persist. The patient apparently wishes to avoid right knee total knee arthroplasty owing to the fact that his left knee total knee arthroplasty procedure was ineffectual. The proposed Supartz injections are therefore indicated. Therefore, the request is medically necessary.

### **Prescription drug monitoring: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**Decision rationale:** While page 70 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend periodic laboratory monitoring comprising of complete blood count (CBC), renal function testing, and/or hepatic function testing in applicants using NSAIDs, in this case, however, it is not clearly stated what the prescription drug monitoring in question represents. It is not clearly stated what form of laboratory testing is being requested. Therefore, the request is not medically necessary.

### **Omeprazole 20mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 69.

**Decision rationale:** As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Omeprazole are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant is reporting issues with reflux, heartburn, and dyspepsia, either NSAID-induced or stand-alone. The attending provider has posited that ongoing usage of Omeprazole has been effective in improving the symptoms. Continuing the same, then, on balance, is indicated. Therefore, the request is medically necessary.

**Tramadol 50mg #200:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, When to continue opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the patient is reporting appropriate reductions in pain scores with ongoing usage of Tramadol and has reported that ongoing Tramadol usage has improved his ability to perform home exercises, although it is incidentally noted that the patient is no longer working and appears to have retired. Nevertheless, it appears that two of the three criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines have been met. Therefore, the request for Tramadol is medically necessary.

**Biotherm lotion 4oz x2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** As noted in the MTUS ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing, seemingly successful usage of first-line oral pharmaceuticals, including Tramadol, effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical agents such as Biotherm lotion at issue here. Therefore, the request is not medically necessary.

**Left knee custom brace:** 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), Treatment Index, 11th Edition (web), 2013, Knee and Leg- Knee braces.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**Decision rationale:** As noted in the MTUS ACOEM Guidelines in Chapter 13, page 340, for the average patient, using a knee brace is usually unnecessary. Braces, per ACOEM, are necessary only for the patients who are going to be stressing the knee under load, such as by climbing ladders or carrying boxes. In this case, however, the patient has retired from his former work as a parts manager at a car dealership. He is unlikely to be carrying boxes or climbing ladders. Therefore, the proposed left knee custom brace is not medically necessary.