

<b>Case Number:</b>	CM13-0010931		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/09/2009
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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 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 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 patient is a 37-year-old with an injury date on 4/9/09. Based on the 3/3/14 progress report provided by [REDACTED] the diagnoses are: pain disorder associated with psychological factors, depressive disorder NOS (with anxiety), and history of alcohol abuse reportedly in remission. The exam on 3/3/14 showed the patient's "affect and mood was positive for depression and anxiety. No evidence of circumstantialities, tangentialities, looseness of associations, flight of Ideas or pressured speech. The patient oriented as to time, place and person. He experience of chronic pain and difficulties in performing his work. He displays no evidence of thought disorder and presents no hallucinations, delusions and/or ideas of reference." No x-rays or MRIs (magnetic resonance imaging) of the knee were included in reports. The provider is requesting three Orthovisc injections given one week apart to the right knee, Naxproxen 550mg, and Prilosec 20mg. The utilization review determination being challenged is dated 8/6/13. The provider is the requesting provider, and he provided treatment reports from 3/3/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THREE ORTHOVISC INJECTIONS GIVEN ONE WEEK APART TO THE RIGHT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HYALURONIC ACID INJECTIONS.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC GUIDELINE HAS THE FOLLOWING REGARDING HYALURONIC ACID INJECTIONS: ([HTTP://WWW.ODG-TWC.COM/ODGTWC/KNEE.HTM#HYALURONICACIDINJECTIONS](http://www.odg-twc.com/odgtwc/knee.htm#hyaluronicacidinjections)).

**Decision rationale:** This patient presents with depression, anxiety, headaches 2-3 times weekly, chest pain once monthly, gastrointestinal distress including nausea and diarrhea, constant pain in right knee rated 5-8/10, swelling and constant pain in left knee rated 7-10/10. The treating provider has asked for three Orthovisc injections given one week apart to the right knee but no request for treatment is included in provided reports. The review of the reports does not show any evidence of Orthovisc injections being done in the past. On 3/3/14, the patient "indicates he is too young at age of 37 to undergo total knee replacement." Regarding hyaluronic acid injections, the Official Disability Guidelines (ODG) recommends in cases of documented symptomatic severe osteoarthritis of the knee, pain interfering with functional activities, and previous steroid injections have failed. In this case, the patient has evidence of knee pain interfering with functional activities, but does not seem to exhibit symptoms of osteoarthritis. Therefore, the requested Orthovisc injections exceed ODG guidelines for this type of condition. The recommendation is for denial.

**NAPROXEN 550 MG, BETWEEN 6/20/2013 AND 9/19/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDS, GI symptoms & Cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Medications for Chronic Pain Page(s): 60-61.

**Decision rationale:** This patient presents with depression, anxiety, headaches 2-3 times weekly, chest pain once monthly, gastrointestinal distress, constant pain in right knee rated 5-8/10, swelling and constant pain in left knee rated 7-10/10." The treating provider has asked for Naproxen 550mg but no request for treatment is included in provided report. There is no mention of Naproxen or any other drug in provided report on 3/3/14, nor does it provide patient's medication history. Regarding medications for chronic pain, the MTUS states treating provider must determine the aim of use, potential benefits, adverse effects, and patient's preference. The MTUS further recommends only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be provided. In this case, the treating provider has asked for Naproxen 550mg, but there is no discussion regarding medication efficacy, whether or not the patient is using it with what effect in any of the reports. The recommendation is for denial.

**PRILOSEC 20 MG, BETWEEN 6/20/2013 AND 9/19/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDS, GI symptoms & Cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDS, GI Symptoms & Cardiovascular Page(s): 69.

**Decision rationale:** This patient presents with depression, anxiety, headaches 2-3 times weekly, chest pain once monthly, gastrointestinal distress, constant pain in right knee rated 5-8/10, swelling and constant pain in left knee rated 7-10/10." The treating provider has asked for Prilosec 20mg but no request for treatment is included in provided reports. There is no mention of patient taking Prilosec prior, or its effectiveness in treating patient's condition. Regarding Prilosec, the MTUS does not recommend routine prophylactic use along with non-steroidal anti-inflammatory drugs (NSAIDs). Gastrointestinal (GI) risk assessment must be provided. In this patient, there is no documentation of any GI side effects from the use of medications and no significant GI risk with use of NSAIDs. The recommendation is for denial.