

<b>Case Number:</b>	CM13-0026546		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	03/28/2009
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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 Pain Medicine and is licensed to practice in Oklahoma and Texas. 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. 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 56-year-old female who reported an injury to her right knee and ankle on 03/28/2009. The patient has undergone conservative treatments to consist of physical therapy, medications, and corticosteroid injections. The patient is recently having left-sided compensatory knee symptoms. The patient underwent an MRI of the right knee in 09/2012 which demonstrated a lateral subluxation of the patella with moderate patellofemoral joint degenerative osteoarthritis and moderate degenerative osteoarthritis of the medial femorotibial compartment with a full-thickness articular cartilage defect and some minimal fraying of the inner edge at medial meniscus with a small partial thickness tear at the medial meniscus. The patient's most recent physical exam is from 08/12/2013 for which the patient returned with complaints of pain in both of her knees that was rated at a 6/10 in intensity. The patient described her pain as tight and burning-like, which occurs daily and is usually worse with long-distance ambulation as well as using stairs. The patient also states that she has had buckling in both of her knees, but denies having any locking or catching or popping sensations. She feels weak in her knees and continues to take ibuprofen daily for pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee Orthovisc injections (Qty 6): 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Knee and Leg Chapter.

**Decision rationale:** Regarding the request for a right knee Orthovisc injection, quantity of 6, the Official Disability Guidelines recommend this as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (to include exercise, NSAIDs, or acetaminophen), to potentially delay a total knee replacement, but in recent quality studies, the magnitude of improvement appears modest at best. Under the criteria, patients must have significantly symptomatic osteoarthritis, but have not responded adequately to recommended conservative non-pharmacologic and pharmacologic treatments or intolerant of these therapies (for example, gastrointestinal problems related to anti-inflammatory medications) after at least 3 months. There must be documented symptomatic severe osteoarthritis of the knee which may include bony enlargement, bony tenderness, crepitus, less than 30 minutes of morning stiffness, and no palpable warmth of synovium, as well as the patient being over 50 years of age. It goes on to state that hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome. Although the patient has been diagnosed with symptomatic arthritis and has also been noted to have failed conservative treatments prior to this request, the Guidelines recommend a series of 3 to 5 intra-articular injections of hyaluronic acid (or just 3 injections of Hyalin in the target knee with an interval of 1 week between injections. Therefore, the requested service for 6 right knee Orthovisc injections exceeds the maximum allowance per Official Disability Guidelines.

**Tramadol HCL 150 mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-96.

**Decision rationale:** Regarding the request for Tramadol HCL 150 mg with a total of 30 tablets, under California MTUS, it states that in order to continue the use of opioid medication, there must be documented improvement in the patient's functional response to the use of this medication. This must include objective measurements pertaining to the patient's pain level, range of motion, and functional deficits having been improved with the use of tramadol. At this time, the documentation does not indicate the patient has had any functional improvement or a significant reduction in her pain. Therefore, at this time, the decision for continuation of Tramadol HCL, a total of 150 mg, a total of 30 tablets, cannot be warranted at this time. Furthermore, per Guideline recommendation, a patient should not be taking more than 120 mg of opioids per day. As noted in the request, the physician has requested Tramadol at 150 mg tablets.

This exceeds the maximum recommend per California Guidelines for the use of opioids on a daily basis. As such, the requested service is non-certified.

**Pantoprazole Sodium 20 mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 67-73.

**Decision rationale:** Regarding the request for retro Pantoprazole sodium 20 mg, a total of 60, under California MTUS, it states that patients at intermediate risk for gastrointestinal events and no cardiovascular disease may benefit from either a proton pump inhibitor or a misoprostol or a COX-2 selective agent. According to the drug site, Drugs.com, it states that Pantoprazole is Protonix and in a group of drugs called proton pump inhibitors. This medication decreases the amount of acid produced in the stomach. Its use is to treat erosive esophagitis (damage to the esophagus from stomach acid), and other conditions involving excess stomach acid such as Zollinger-Ellison syndrome. In the case of this patient, she has not been diagnosed as having any type of gastrointestinal issue at this time. Therefore, the medical necessity for Pantoprazole cannot be established. As such, the requested service is non-certified.