

<b>Case Number:</b>	CM14-0007504		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	08/09/1995
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 70 year old male employee with date of injury of 8/9/1995. A review of the medical records indicate that the patient is undergoing treatment for severe knee arthrosis bilaterally, lumbar sprain and strain syndrome, and left elbow lateral epicondylitis. Subjective complaints include back, neck, and leg pain. His low back pain is described as stabbing and burning with a sensation of pins and needles. He also states he has a stabbing pain in his left leg. Objective findings include presence of crepitus, joint line tenderness, and decreased range of motion. Treatment has included shock wave therapy, TG Ice cream (containing tramadol, menthol, camphor, and gabapentin) and transdermals (to get out of bed). Medications have included Tylenol, Cartivisc, Celebrex and aspirin as cardiac protectant.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc One injection to bilateral knees:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Hyaluronic acid injections.

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

**Decision rationale:** According to ODG, Synvisc is indicated for patients who "Experience significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications)." ODG Criteria for Hyaluronic acid injections, patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age. Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; failure to adequately respond to aspiration and injection of intra-articular steroids; generally performed without fluoroscopic or ultrasound guidance; are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement (Wen, 2000). Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence; see repeat series of injections above. 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, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarso-phalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. Medical records do not document the failure of first line treatments (trial and failures of medications) and therapies (physical therapies and a home exercise program. The treating physician has not provided documentation to meet the above ODG guidelines. As such, request for Synvisc one injection to bilateral knees is not medically necessary.

**One year gym and pool membership:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Gym memberships.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) gym membership Other Medical Treatment Guideline or Medical Evidence: [http://www.nhlbi.nih.gov/guidelines/obesity/bmi\\_tbl.pdf](http://www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.pdf).

**Decision rationale:** The MTUS guidelines are silent as to gym memberships so the Official Disability Guidelines were consulted. For pool access the MTUS aquatic therapy and physical medicine sections were consulted. The treating physician did not provide documentation of a home exercise program with supervision. The official disability guidelines state "gym memberships are not recommended as a medical prescription unless a documented home

exercise program with periodic assessment and revision has not been effective and there is a need for equipment." The official disability guidelines go on to state "Furthermore, treatment needs to be monitored and administered by medical professionals". The California MTUS guidelines recommend aquatic therapy in cases of extreme obesity with "active self-directed home Physical Medicine". Medical records do not indicate extreme obesity as a concern of the physician. The request for a one year gym membership with pool access is not medically necessary as the injured worker does not meet criteria in the MTUS and the Official Disability Guidelines (ODG). As such the request for Gym and pool membership for one year is not medically necessary.

**TG-Ice:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

**Decision rationale:** Topical Guide Hot or TG Hot is a compound made from Tramadol /Gabapentin /Menthol /Camphor /Capsaicin. ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents." MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Tramadol would not be indicated for topical use in this case. MTUS states that topical Gabapentin is "Not recommended." Additionally, MTUS clearly states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this compound Tramadol and Gabapentin are not indicated for topical usage. As such, the request for TGIce is not medically necessary.