

<b>Case Number:</b>	CM14-0009355		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	09/24/2003
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 Orthopaedic Surgery, 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 injured worker is a 66-year-old male with a date of injury of September 24, 2003. The mechanism of injury is not disclosed. A progress note, dated December 13, 2013, is provided for review in support of the noted request indicating the injured is presenting for follow-up evaluation to the bilateral knees, bilateral shoulders, left elbow, bilateral wrists, right hip and low back. The current pain is rated 6/10. The knee pain is reported to be worse. The injured indicates he takes care of his 94-year-old father on a daily basis. Sleep difficulties are noted. The claimant denies depression and uses ice for pain. Physical exam findings reveal extension of the bilateral lower summaries to 180° and flexion to 120°. Bilateral upper extremities abduct 90°, elbows extensor hundred and 80 and flex to 170. Wrists range of motion and hands range of motion is satisfactory. An MRI of the bilateral knees is obtained on November 28, 2012 revealing meniscus tears and possible anterior cruciate ligament (ACL) sprains. Multiple diagnoses are reported including internal derangements of the right and left knee, right hip inflammation, lumbosacral pain, bilateral wrist sprains, right greater than left lateral epicondylitis, bilateral impingement syndrome of the shoulders status post decompression and distal clavicle excision on the left and modified Mumford procedure on the right as well as a labral repair on the right. Treatment plan recommendations include a recommendation for Hyalgan injections x5, Etodolac 300 mg #60 and Protonix 20 mg #60 to treat stomach upset from the medications. A prior review of this request resulted in a decision for non certification on January 14, 2014

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ETODOLAC 300MG #60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids Page(s): 71.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines support the use of non selective non-steroidal anti-inflammatory medications (NSAIDs) for the treatment of inflammatory conditions. When noting the claimant's multiple diagnoses, there is a clinical indication for the use of this medication in the chronic management of the claimant's pain. While the record does indicate the claimant's knee symptoms have worsened, the treatment recommendations include modifications (a request for injections) to address the symptomatology. Based on the clinical data available, this request is medically necessary and appropriate.

**PROTONIX 20MG #60: Overturned**

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

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

**Decision rationale:** California guidelines support the use of Protonix (Pantoprazole). This medication is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. California Medical Treatment Utilization Schedule (MTUS) 2009 Chronic Pain Treatment Guidelines recommend proton pump inhibitors for patients taking non-steroidal anti-inflammatory medications (NSAIDS) with documented gastrointestinal (GI) distress symptom. The record indicates gastrointestinal (GI) disorder secondary to the use of medication in the treatment plan recommendation and the above noted encounter note. Therefore, this request is medically necessary and appropriate.

**5 HYALGAN INJECTIONS 10MG/ML: 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:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**Decision rationale:** California guidelines support viscosupplementation injections for chronic moderate to severe osteoarthritis that has been nonresponsive to noninvasive treatments. The record provides no documentation of a diagnosis of moderate to severe osteoarthritis. Magnetic resonance Imaging (MRI) findings are reported to note meniscus pathology, and documentation

in the medical record is noted of a diagnosis of internal derangement of the bilateral knees. The guidelines also require a failure to respond to conservative measures including on-steroidal anti-inflammatory medications (NSAIDS) acetaminophen, weight loss (where applicable) or exercise strategies. Based on the clinical data provided, which includes no documentation to support a diagnosis of moderate to severe knee osteoarthritis, this request is not medically necessary and appropriate.