

<b>Case Number:</b>	CM14-0102131		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/11/2013
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Physical Medicine and Rehabilitation 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 69-year-old male who reported an injury on 03/11/2013 due to cumulative injuries that were work related. Diagnoses were disc protrusion, lumbar; facet arthropathy, lumbar; facet hypertrophy, lumbar; muscle spasm, lumbar; radiculopathy, lumbar; foraminal narrowing, lumbar; internal derangement, knee, bilateral; ankle pain left; loss of sleep; psych component. Past treatments were chiropractic sessions, physiotherapy, physical therapy, acupuncture, right and left knee injections with 2 cc Celestone and 6 cc of lidocaine. The injured worker had diagnostic studies of x-ray of the lumbar spine, bilateral knee standing x-ray, MRI left knee, MRI right knee, and MRI lumbar spine. MRI of the left knee revealed medial excursion with possible tear, medial meniscus body, medial tibiofemoral osteoarthritis, infrapatellar bursitis, and mucoid degeneration of the anterior cruciate ligament. MRI of the right knee revealed possible grade 1 sprain, fibular collateral ligament, medial excursion with possible tear, medial meniscus body, medial tibiofemoral osteoarthritis, and mucoid degeneration of the posterior cruciate ligament. Past surgical history consisted of 3 separate hernia repairs. Physical examination on 05/01/2014 revealed complaints of constant, moderate, sharp, stabbing low back pain, stiffness, heaviness, and weakness radiating to bilateral legs with numbness, tingling, weakness, and cramping becoming severe. The injured worker also had complaints of throbbing left knee pain and throbbing right knee pain with numbness, tingling, and weakness. Examination revealed range of motion was decreased and painful in the lumbar spine. There was +3 tenderness to palpation of the lumbar paravertebral muscles. Kemp's caused pain. Examination of the left knee revealed range of motion was decreased and painful. There was swelling present in the left knee. There was +3 tenderness to palpation of the anterior knee. Right knee examination revealed range of motion was decreased and painful. There was +3 tenderness to palpation of the anterior knee. McMurray's caused pain. Medications for the

injured worker were not reported. There was no reported treatment plan. The rationale was not submitted. The Request for Authorization was submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Urine Toxicology: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation [www.odg-twc.com:section-Pain\(chronic\)](http://www.odg-twc.com:section-Pain(chronic)).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule indicates that the use of urine drug screening is for patients with documented issues of abuse, addiction, or poor pain control. The documents submitted for review did not report any medications for the injured worker. Therefore, the request is not medically necessary per MTUS.

#### **Genetic Testing: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation [www.odg-twc.com;section-pain\(chronic\)](http://www.odg-twc.com;section-pain(chronic)).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Genetic Testing for Potential Opioid Abuse.

**Decision rationale:** The Official Disability Guidelines states that genetic testing for potential opioid abuse is not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. The rationale was not submitted to support the medical necessity for this request. Medications were not reported. Therefore, the request is not medically necessary.

#### **Xolido 2%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation [www.odg-twc.com;section-pain\(chronic\)](http://www.odg-twc.com;section-pain(chronic)).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112.

**Decision rationale:** The California MTUS Guidelines indicate that topical analgesics are largely experimental in use, with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trial of antidepressants and anticonvulsants

have failed. The guidelines indicate that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first line option (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The request does not indicate a frequency for the medication or a quantity. Medications for the injured worker were not reported in the documents submitted on examination 05/01/2014. Therefore, the request is not medically necessary.

### **Bilateral Synvisc Knee Injections: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

**Decision rationale:** The injection contains a gel-like mixture made from a substance called hyaluronin that comes from chicken combs. Hyaluronin is a natural substance found in the body and is present in very high amounts in joints. The body's own hyaluronin acts like a lubricant and a shock absorber in the joint and is needed for the joint to work properly. This injection is for patients with knee osteoarthritis who have not received enough pain relief from diet, exercise, over the counter pain medication, and prescriptions. The Official Disability Guidelines states hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. The guidelines' criteria for hyaluronic acid injections are patients that experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacological (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. There should be 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. It should be documented that pain interferes with functional activities (e.g. ambulation, prolonged standing) and not attributed to other forms of joint disease. It should be documented for failure to adequately respond to aspiration and injection of intra-articular steroids, and they should be generally performed without fluoroscopic or ultrasound guidance. The patient should not currently be a candidate for total knee replacement and it should be noted that they have failed previous knee surgery for arthritis, unless younger patients wanting to delay total knee replacement. 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, carpometacarpal joint, elbow, hip, metatarsophalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. The injured worker did

not have a diagnosis of osteoarthritis. The injured worker has had previous knee injections with no functional improvement in measurable gains reported. Conservative care such as chiropractic, acupuncture, massage therapy, or physical therapy should be reported. Medications were not reported. Therefore, the request is not medically necessary.

**Off loader Bilateral Knee Brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.odg-twc.com/section-pain](http://www.odg-twc.com/section-pain) (chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

**Decision rationale:** The California ACOEM guideline states a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. The injured worker does not meet the criteria set forth by the guidelines. Therefore, the request is not medically necessary.

**Topical Compounds:Terocin Patches #30/Genecin #90/Flurbi 180/ Somnicin #30/ Laxacin #10/Gabycyclotram 180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 72.

**Decision rationale:** The California Medical Treatment Utilization Schedule states that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The FDA approved routes of administration for flurbiprofen include oral tablets and ophthalmic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. Somnicin, an oral medication of natural ingredients, helps and promotes sleep. Insomnia and sleeping problems can be linked to pain and often thought of as a sign and/or symptom of physical, emotional, and/or mental health. Somnicin's ingredients help relax the body, allow adequate blood flow, and may help in other conditions such as depression, anxiety, or some pains. The guidelines state there is no evidence for use of any other muscle relaxant as a topical product. The guidelines also state that gabapentin is not recommended. There is no peer-reviewed literature to support use. The

request does not indicate a frequency and quantity for the medication. Therefore, the request is not medically necessary.