

<b>Case Number:</b>	CM14-0102777		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/13/2011
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 51-year-old male with a reported injury on 04/13/2011. The injured worker was injured while moving a large piece of concrete and using a pick to pull the chunks out of the ground, pulling towards him when other pieces pulled him forward; and he was forced to use more strength to pull back on the pick. This resulted in pain in the neck and stiffness with burning across the upper back. The injured worker's diagnoses included neck/shoulder/back muscle tension and pain, chronic pain syndrome, and stress-aggravated high blood pressure. The injured worker's previous treatments included physical therapy and medications. The efficacy of those treatments was not provided. The injured worker had an examination on 05/02/2014 with complaints of constant pain in the cervical spine and shoulders. Upon examination the physician noted the injured worker had tenderness to the cervical spine, low back, and shoulders. The injured worker had a positive Spurling's, positive impingement, a positive straight leg raise, and decreased range of motion. List of medications included topical gels and a topical patch. The recommended plan of treatment was to refill and give him his prescriptions for his medications. The request for authorization and the rationale were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hyaluronic Acid Sodium Salt 120 mg:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: RXlist.com, Hylagen, Bionect cream, gel, online database.

**Decision rationale:** The request for the hyaluronic acid sodium salt 120 mg is not medically necessary. The California MTUS and the ACOEM Guidelines do not address this request. The Official Disability Guidelines do not address this request either. RxList.com recommends this medication for the use of dressing and management of partial to full-thickness dermal ulcers, such as pressure sores, venous stasis ulcers, arterial ulcers, and diabetic ulcers; or for the wounds, to include cuts and abrasions. It is also used for irritations of the skin and first and second-degree burns. There is no indication that the injured worker has any partial to full-thickness pressure sores, venous stasis ulcers, arterial ulcers, or diabetic ulcers; or any wounds including cuts and abrasions. This medication was not mentioned in the examination provided. Furthermore, the directions do not specify the frequency, duration, or the route that this medication is to be taken or applied. There is a lack of clinical information to support the need and the medical necessity for this medication. Therefore, the request for the hyaluronic acid sodium salt is not medically necessary.