

<b>Case Number:</b>	CM14-0016226		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	02/07/1998
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Occupational Medicine 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 64 year old female who was injured on 02/07/1998. Mechanism of injury is unknown. Prior treatment history has included hot and cold wrap as well as TENS unit. Progress note dated 09/10/2013 revealed objective findings to show tenderness along the joint line with grade 4 strength to resisted function. Extension is 180 degrees and flexion being to 130 degrees. Instability is not noted. Progress note dated 10/10/2013 revealed objective findings to show tenderness along the joint line, 180 degrees of extension is noted with 120 degrees of flexion with no gross instability. Treatment Plan: Hyalgan injection to the right knee. Progress note dated 11/12/2013 revealed objective findings to reveal tenderness along the joint line especially laterally on the left side as well as medially on the right knee. She has 180 degrees of extension with 120 degrees of flexion. Treatment Plan: Today, she got the fourth injection to the right knee. Progress note dated 12/12/2013 documented the patient has limitation with prolonged standing and walking, squatting, kneeling and stairs. She has no issues with sleep but has issues with stress and depression. Objective findings on exam revealed tenderness along the joint line. Weakness to resisted function is noted. Knee extension is 180 degrees and flexion 120 degrees. Treatment Plan: Provide her with her fifth injection. Request for Authorization Note dated 02/10/2014 states Synvisc injections were previously requested to the left knee. The patient had injection in the past which was quite helpful, which gave her several months of relief. There was an error on my last report of 01/10/2014 where it said they were not helpful and that is has been over five months, not five minutes. The time before she has had injections done once weekly which have been most helpful, last month she had them done every once a month and she states that did not help and gave her any relief. She has crepitation with range of motion. She has popping and clicking as well as increased pain. She has persistent

shoulder pain without any significant relief. She has had previous decompression. Review of systems does reveal she has an element of insomnia. Objective findings reveal tenderness along the joint line both of the knee and shoulder as well as weakness against resistance secondary to pain. Diagnoses: Internal derangement of the knee bilaterally status post surgical intervention on the right and left once by me. Impingement syndrome bilaterally status post decompression. Weight gain of 32 pounds. Issues of sleep. Treatment and Plan: She has completed Hyalgan injection on the right knee. She is requesting Hyalgan injection to the left knee.

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

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

#### **ORTHOVISC, SERIES OF 5 INJECTIONS TO THE LEFT KNEE: 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, 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 CHAPTER, HYALURONIC ACID INJECTIONS.

**Decision rationale:** The Expert Reviewer's decision rationale: The Official Disability Guidelines state 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. However, in recent quality studies the magnitude of improvement appears modest at best. According to the medical reports, the patient's diagnosis is internal derangement of the knee. Viscosupplementation is not recommended for this diagnosis. The medical records do not establish the patient has severe osteoarthritis of the knee. There is mention of prior arthroscopy and articular cartilage loss in the knees for which disability was apparently awarded, but no XR or MRI reports are available for review. There is no mention of severe osteoarthritis in the available records. Further Orthovisc is typically prescribed as 3 or 4 consecutive weekly injections. It is unclear why 5 are being requested. Documents provided fail to establish medical necessity.

#### **NORCO 10/325MG, #150: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- Criteria For Use, Chronic Pain Medical Treatment Guidelines, Page 76-80.

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

**Decision rationale:** The Expert Reviewer's decision rationale: According to CA MTUS, Norco is indicated for moderate to moderately severe pain. It is classified as short-acting opioids, which are seen as an effective method in controlling chronic pain. They are often used for intermittent

or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records do not indicate this medication is appropriate for this patient. The medical records do not demonstrate the patient has had sustained improved pain level and increased function with chronic opioid use. There is no mention of regular re-assessment of non-opioid means of pain control. Medical necessity is not established.

**CELEBREX 200MG, #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Anti-Inflammatory Medications; Nsaids, Specific Drug List & Adverse Effects, Page 22, 70.

**Decision rationale:** The Expert Reviewer's decision rationale: According to the CA MTUS, Celecoxib (Celebrex®) may be considered if the patient has a risk of GI complications, but not for the majority of patients. The medical records do not establish the patient is at significant risk for GI complications. There is no mention of use of NSAIDs in pain management. The medical necessity of Celebrex has not been established.

**TEROCIN PATCHES #20: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics Page(s): 111-113.

**Decision rationale:** The Expert Reviewer's decision rationale: According to the references, Terocin patches contain lidocaine and menthol. The CA MTUS state only Lidocaine in the formulation of Lidoderm patch may be considered for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). The guidelines state no other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Only FDA-approved products are currently recommended. Further, the patient does not have documented neuropathic pain, and topical lidocaine is not recommended for non-neuropathic pain. Medical necessity is not established.

**LIDODERM PATCHES 5%, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Chronic Pain Medical Treatment Guidelines, Page 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Lidoderm® (Lidocaine Patch) Page(s): 56.

**Decision rationale:** The Expert Reviewer's decision rationale: The guidelines state topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The medical records do not establish this patient has a neuropathy. The patient has complaints of musculoskeletal bilateral knee and bilateral shoulder pain, and is diagnosed with impingement of the bilateral shoulders and internal derangement of the bilateral knees, with history of surgeries. The medical records do not reveal any subjective and objective findings of a neuropathic pain condition. The medical records do not establish Lidoderm is appropriate and medically necessary for this patient.

**LIDODERM PATCHES 4 OUNCES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Chronic Pain Medical Treatment Guidelines, Page 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Lidoderm® (Lidocaine Patch) Page(s): 56.

**Decision rationale:** The Expert Reviewer's decision rationale: The guidelines state topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The medical records do not establish this patient has a neuropathy. The patient has complaints of musculoskeletal bilateral knee and bilateral shoulder pain, and is diagnosed with impingement of the bilateral shoulders and internal derangement of the bilateral knees, with history of surgeries. The medical records do not reveal any subjective and objective findings of a neuropathic pain condition. The medical records do not establish Lidoderm is appropriate and medically necessary for this patient.

**MRI OF THE LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208 and Official Disability Guidelines (ODG), Shoulder.

**Decision rationale:** The Expert Reviewer's decision rationale: ACOEM states, "Primary criteria for ordering imaging studies are: - Emergence of a red flag (e.g., indications of intra-abdominal

or cardiac problems presenting as shoulder problems); - Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); - Failure to progress in a strengthening program intended to avoid surgery; - Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)." According to the Official Disability Guidelines the indications for Magnetic resonance imaging (MRI) of the shoulder are: - Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiograph - Subacute shoulder pain, suspect instability/labral tear - Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. An MRI of the left shoulder has been requested. There are complaints of left shoulder pain and decreased ROM along with popping and clicking and radiating pain and numbness. There is no mention of recent injury or trauma. It is unclear if this represents significant interval change. (Decompression surgery was apparently done in the past). Physical examination notes only decreased range of motion and weakness secondary to pain. Further specifics are lacking. No clear rationale for MRI or mention of suspected pathology is provided. There are no documented red flag findings or clear physiologic evidence of tissue insult. Medical necessity is not established.