

<b>Case Number:</b>	CM14-0133852		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	04/07/2010
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 applicant is a represented [REDACTED] recreation supervisor who has filed a claim for chronic low back and bilateral knee pain with derivative complaints of depression, stress, anxiety, and sexual dysfunction reportedly associated with an industrial injury of April 7, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; and work restrictions. In a Utilization Review Report dated July 31, 2014, the claims administrator denied a request for a pain management consultation with facet joint injections, denied a request for a series of five Supartz injections, denied a request for Kera-Tek analgesic gel, and partially certified a request for Norco. The claims administrator based its decision, in large part, on clinical progress notes of July 1, 2014. Said progress note of July 1, 2014, however, was not incorporated into the Independent Medical Review packet. The applicant's attorney subsequently appealed. In a March 20, 2014 progress note, the applicant reported persistent complaints of low back and bilateral knee pain. The applicant stated that medication consumption resulted in her pain levels dropping from 8-10/10 to 7/10. The applicant was having difficulty sleeping, it was stated. The applicant was also having difficulty standing and walking, it was stated. Knee braces were endorsed, along with refill prescriptions for Anexsia. Work restrictions were also endorsed, although the attending provider did not clearly outline whether or not the applicant was, in fact, working. In an earlier note dated January 2, 2014, the attending provider suggested that the applicant was having persistent complaints of pain. It was suggested that the applicant was working with limitations in place. Ongoing medication consumption was diminishing the applicant's pain complaints from 9/10 to 4/10, it was suggested at that point in time. The applicant was using Restoril for sleep purposes. It was stated that the applicant had developed posttraumatic knee osteoarthritis. On November 4, 2013,

the attending provider stated that the applicant had developed posttraumatic bilateral knee arthritis and could be a candidate for a total knee arthroplasty. It was stated that the applicant was working full duty at that point in time.

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

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

#### **1 PAIN MANAGEMENT CONSULT FOR POSSIBLE FACET JOINT INJECTIONS:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

**Decision rationale:** While page 1 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary, in this case, however, the information on file suggests that the applicant's primary pain generator are, in fact, the bilateral knees. The attending provider's progress notes, referenced above, including those dated March 21, 2014 and February 21, 2014, suggest that the applicant had persistent right lower extremity radicular complaints. There was no clearly stated suspicion or mention of facetogenic pain for which facet joint injections could be considered, although it is acknowledged that the claims administrator has seemingly failed to incorporate the July 1, 2014 office visit on which this and other requests were initiated into the Independent Medical Review packet. The information which is on file, however, fails to substantiate the request. Therefore, the request is not medically necessary.

#### **1 SERIED OF 5 SUPARTZ INJECTIONS FOR THE RIGHT KNEE:** Overturned

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

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

**Decision rationale:** The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, however, viscosupplementation (Supartz) injections are indicated in the treatment of moderate to severe knee arthritis. In this case, the attending provider has posited that the applicant has severe posttraumatic knee arthritis which has proven recalcitrant to time, oral medications, earlier knee surgery, etc., and is apparently so advanced that the applicant could be a candidate for a total knee arthroplasty. Provision of the Supartz injections is indicated, thus, to ameliorate the applicant's arthritic issues. Therefore, the request is medically necessary.

## **1 PRESCRIPTION OF KERA-TEK ANALGESIC GEL 4OZ.: 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.

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are "largely experimental." In this case, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Norco, tramadol, etc., effectively obviates the need for the topical agent at issue. Therefore, the request is not medically necessary.

## **60 NORCO 10/325MG: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and reduced pain achieved as a result of the same. In this case, the information on file does suggest that the applicant is deriving appropriate analgesia with ongoing medication consumption, including ongoing Norco consumption, with reported drops in pain scores from 8/10 to 4/10 with the same. The applicant has returned to and maintained successful return to work status with ongoing medication consumption, including ongoing Norco usage, it has been suggested on several progress notes, referenced above. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.