

<b>Case Number:</b>	CM14-0158802		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	03/10/2004
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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, has a subspecialty in Paine 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 patient is a 59 year old male who sustained an industrial injury on 3/10/2004, to the left knee. The patient is status post 2 left knee surgeries. He underwent left knee diagnostic and operative arthroscopy on 8/13/2010. On 6/19/2012, he underwent two major compartment synovectomies, medial and lateral meniscectomies, chondroplasty of medial and lateral femoral condyles and patella. Treatment has also included physical therapy, bracing, ESWT, acupuncture, medications, and injections. The patient has been retired. According to the 9/5/2013 toxicology report, the urine sample collected on 7/17/2013 tested negative for all metabolites. A left knee MRI dated 8/13/2013 provided the impressions: 1. Subtotal medial meniscectomy with full-thickness loss of cartilage throughout the medial compartment. There is slight fraying of the remaining medial meniscus. 2. Subtotal lateral meniscectomy with moderate articular damage in the lateral compartment especially over the femur. 3. Patellofemoral articular cartilage damage as described. 4. Multiple loose bodies are present in the joint. According to the 2/14/2014 PTP Permanent and Stationary report by [REDACTED], the patient was initially evaluated by the provider on 11/8/2011. He has undergone a regimen of consultations, surgeries, diagnostic testing, medications and conservative therapy appropriate for his condition. He is retired. The patient has reached MMI and is considered permanent and stationary. He is diagnosed with status post-surgical left knee times two; and psychological factors deferred to appropriate specialist. A prior peer review completed on 9/3/2014 recommended to non-certify the requests for 100 Naproxen 550mg glucosamine DS, 1 IF unit, hot/cold unit, urine toxicology, Synvisc injection to the left knee, and Flurbiflex/TG Hot 180 gms. The requests for custom knee brace and 12 sessions of physical therapy were recommended as certified. Future medical care recommendations were provided: for flare-ups, analgesics, additional diagnostic tests, periodic orthopedic evaluations should condition worsen, may require follow-up evaluations with orthopedic specialist, may

require follow-up evaluations with psychiatrist/psychologist, and may require further surgical intervention for the left knee. According to the documentation, the patient was able to return to modified duty as of 8/15/2014, and was considered TTD until 9/15/2014. The patient was evaluated on 8/21/2014, and on physical examination demonstrated bilateral knee tenderness to palpation, decreased ROM, positive femoral grinding and McMurray's tests, left thigh/calf muscular atrophy, and 4+/5 knee flexor and extensor strength bilaterally. A daily note dated 9/9/2014 indicates visit #3 of 2x6wks frequency. The patient was provided massage, vasopneumatic device, therapeutic exercise, and ultrasound. Pain and spasms is the same. The body part/area treated is not documented.

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

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

#### **1 prescription for 100 Naproxen 550mgCosamine DS: Upheld**

**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): 67-73.

**Decision rationale:** According to the CA MTUS guidelines, glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. According to the CA MTUS, Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The guidelines state NSAIDS are recommended as an option for short-term symptomatic relief. In addition to the well-known potential side-effects of long term NSAID use, use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. Given the documented subjective complaints and objective findings, and clinical history, a trial of glucosamine and periodic use of Naproxen for flare-ups of pain and inflammation, may be indicated for the patient's chronic knee complaint. However, there is no indication that this patient would require these medications in a combination. In addition, there is no evidence to support that the products are statistically and notably more effective in combination than how they are available as standard individual supplement and analgesic medication. The medical necessity of this request is not established. The request is not medically necessary.

#### **1 request for 1 IF unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability GUIDelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-119..

**Decision rationale:** According to the guidelines, insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation,

also known as interferential therapy. The medical records do not establish the patient has failed standard treatment measures. According to the CA MTUS guidelines, interferential current stimulation is not generally recommended as there is no evidence supporting or establishing efficacy in this form of treatment. The medical records do not establish this patient has any of the criteria such as history of substance abuse or significant postoperative pain, or ineffective pain control with medications due to significant side effects. The medical do not establish the requested IF unit is appropriate or medically necessary for the management of this patient's diagnosis. The request is not medically necessary.

**1 hot/cold unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ; Official Disability Guidelines (ODG) Knee, Cold/heat packs; Continuous-flow cryotherapy, Heat therapy

**Decision rationale:** According to the CA MTUS/ACOEM and Official Disability Guidelines, heat and cold packs are recommended as an option for pain, at-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. There is inadequate clinical evidence to substantiate that a hot/cold unit is more efficacious than standard ice/cold and hot packs. Continuous-flow cryotherapy is recommended as an option after surgery, generally for up to 7 days post-op, but not for nonsurgical treatment. The references state mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy. Simple at home applications of heat and cold will suffice for delivery of heat or cold therapy. The medical necessity of a hot/cold unit is not established. The request is not medically necessary.

**1 urine toxicology:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing Page(s): 43.

**Decision rationale:** According to the CA MTUS guidelines, Urine toxicology screening should be considered for patients maintained on an opioid medication regimen when issues regarding dependence, abuse, or misuse are present. In this patient's case, the patient's previous UDS report dated 9/5/2013 was entirely negative, and the medical records do not document any current opioid regimen. The medical records do not document any aberrant or suspicious drug seeking behavior. There is no indication that a urine toxicology study is clinically indicated at this time, and medically necessary. The request is not medically necessary.

**1 synvisc injection 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, KNee & Leg (Acute & Chronic) Physical Therapy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Synvisc® (hylan); Hyaluronic acid injections

**Decision rationale:** According to the Official Disability Guidelines, hyaluronic acid injections may be 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. The patient previously underwent Hyalgan injections in 2011. There is no indication the patient benefited from those injection, as he shortly thereafter underwent surgery. Furthermore, the medical records do not establish this patient has severe OA of the left knee and is otherwise a surgical candidate of TKA. He has recently initiated a course of physical therapy as well. Failure of conservative care is not supported by the medical records. The medical necessity for Synvisc injection has not been established. The request is not medically necessary.

**1 prescription for fluriflex/TG hot 180gm:** Upheld

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

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

**Decision rationale:** TGHot cream is a compounded topical product containing Tramadol, Gabapentin 10%, Menthol 2%, Camphor 2% and Capsaicin 0.05%. According to the CA MTUS guidelines, topical analgesics are considered to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. These products are primarily recommended for neuropathic pain when first-line measures have failed. The medical records do not establish neuropathic pain with failure of first-line measures. Capsaicin may be recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical records do not substantiate there are any issues with oral medication tolerance. According to the guidelines, Gabapentin is not recommended in topical formulations. Fluriflex contains Flurbiprofen and Flexeril. According to the guidelines, the application of any muscle relaxant in a topical formulation is not recommended, as there is no evidence for use of any muscle relaxant as a topical product. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested topical products are not recommended under the guidelines. The request is not medically necessary.