

<b>Case Number:</b>	CM14-0178507		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	10/05/2000
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Texas. 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 64 year old female who reported an injury on 10/05/2000. The mechanism of injury was not specified. Her diagnosis was noted as adjustment reaction with depression, anxiety secondary to chronic pain, osteoarthritis of the knee, and internal derangement of the knee. Her past treatments included medications, surgery, home exercises, TENS unit and use of a walker. Her surgical history included right total hip arthroplasty on 01/13/2006 and left total knee arthroplasty on 07/25/2008. Clinical notes indicate that on 09/12/2014, the injured worker reported that her medications were helping and denied side effects. On 10/06/2014, the injured worker complained of hip pain. An examination revealed arthritis of the hip. Her medications were listed to include but not limited to Flector patch 1.3% 1 patch every 12 hours and Neurontin 800mg taken 3 times a day. The treatment plan included a refill of medications. A request was received for Hyalgan injection x 5 to the right knee, Neurontin 800mg #90 and Flector 1.3% patch #30. The rationale for the request was not provided. The Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hyalgan injection x 5 to the right 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

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

**Decision rationale:** The request for Hyalgan injection x 5 to the right knee is not medically necessary. Official Disability Guidelines recommend hyaluronic acid injections for severe osteoarthritis for patients who have not responded adequately to conservative treatments, including steroid injection, to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. Clinical notes indicate the injured worker was diagnosed with osteoarthritis and internal derangement of the knee, however, the most recent examination report noted that she complained of hip pain, and pain of the knee was not indicated. In the absence of documentation with evidence of significant findings to indicate the need for hyaluronic acid injections in the knee, the request is not supported. Therefore, the request is not medically necessary.

**Neurontin 800mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy drugs Page(s): 18-19.

**Decision rationale:** The request for Neurontin 800mg #90 is not medically necessary. California MTUS guidelines recommend a trial of Gabapentin for 3-8 weeks, and then one to two weeks at maximum tolerated dosage for diabetic painful neuropathy and postherpetic neuralgia. During this time, the patient should be asked at each visit if there has been a change in pain or function inadequate control of pain is found, a switch to another first-line drug is recommended. Clinical notes indicate that the injured worker has been taking Neurontin since at least 09/12/2014, and stated that the medications helped. However, during the most recent examination on 10/06/2014, the injured worker complained of hip pain and there was no documentation to indicate a change in pain or function with the medication. In the absence of documentation of change in pain or function with this medication, the request is not supported. Additionally, the request, as submitted, failed to indicate a frequency of use. Therefore, the request is not medically necessary.

**Flector 1.3% patch #30:** 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): 111-112.

**Decision rationale:** The request for Flector 1.3% patch #30 is not medically necessary. The California MTUS guidelines state that the efficacy of NSAID topical analgesics has been

inconsistent. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. However, the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. Clinical notes indicate that the injured worker was prescribed the Flector patch as long ago as 09/12/2014, and stated that the medications helped. However, during the most recent examination on 10/06/2014, the injured worker complained of hip pain and there was no documentation to indicate that there was a change in pain or function with the use of this medication. In addition, the request does not specify the area of the body the medication is for or the frequency of use. As such, the request is not medically necessary.