

<b>Case Number:</b>	CM14-0021289		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/10/2013
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 injured worker filed a claim for chronic knee pain associated with an industrial injury of August 10, 2013. Thus far, the applicant has been treated with the following: Flector and Lidoderm patches, Ultram, Cymbalta, and Flector; unspecified amounts of physical therapy. Records also note that worker has had transfer of care to and from various providers in various specialties, and unspecified amounts of time the patient has been placed off work, on total disability. The x-rays of the knee of August 24, 2013 showed notable for mild tricompartmental osteoarthritis versus, superimposed osteochondritis desiccans. MRI imaging of the knee of September 5, 2013 reported chondromalacia. In a Utilization Review Report dated January 13, 2014, the claims administrator denied a request for an ultrasound-guided corticosteroid injection, partially certified request for eight sessions of acupuncture to six sessions, denied request for topical Flector patches, and Topical Lidoderm patches. In a January 14, 2014 progress note, the applicant presented with persistent complaints of knee pain, 7/10. The injured worker acknowledged that she was depressed. The patient medications refilled, and the patient was placed off work, on total disability. There is also report that the patient was seen in the Emergency Room and given a prescription of Norco on August 24, 2013. On April 29, 2014 the treating provider requested the patient have acupuncture and a consult with a knee surgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ULTRASOUND GUIDED CORTICOSTEROID INJECTION TO THE LEFT KNEE:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

**Decision rationale:** While the MTUS Guideline do acknowledge that repeated aspirations or corticosteroid injections are optional, in this case, however, the attending provider did not furnish a compelling rationale for pursuit of the injection in question. Several of the attending provider's progress notes suggest that the applicant was intent on pursuing a surgical remedy insofar as the applicant's injured knee was concerned. No rationale for pursuit of a corticosteroid injection was proffered so as to augment the tepid ACOEM recommendation. It is not clearly stated why corticosteroid injection was being sought if the attending provider was concurrently pursuing knee surgery. Therefore, the request is not medically necessary.

**ACUPUNCTURE SESSIONS, QTY: 8, TO THE LEFT KNEE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The request in question represents a renewal request for acupuncture. As noted in MTUS guidelines, acupuncture treatments may be extended if there is evidence of functional improvement. In this case, however, the applicant is off of work, on total disability. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including oral and topical medications. All of the above, taken together, along with the lack of functional improvement despite previous acupuncture treatments. Therefore, the request for additional acupuncture is not medically necessary.

**FLECTOR 1.3 PERCENT TRANSDERMAL 12 HOUR PATCH, TWICE DAILY AS NEEDED, QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHAPTER: TOPICAL ANALGESICS Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines . MTUS Chronic Medical Treatment Guidelines, Topical Diclofenac/Voltaren section.2. MTUS Chronic Medical Treatment Guidelines3. MTUS 9792.20f Page(s): 112, 8.

**Decision rationale:** Flector is a derivative of derivative of Diclofenac/Voltaren. Chronic Medical Treatment Guidelines does suggest that topical Diclofenac/Voltaren is indicated in the treatment of small joint arthritis which lends itself toward application, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into

his choice of recommendations. In this case, however, there has been no such mention of medication efficacy incorporated into the attending provider's progress notes. The applicant is off of work, on total disability. There is no evidence of any concrete or tangible improvements in function and/or reductions in pain achieved as a result of the same. The applicant still remains reliant on other forms of medical treatment, including opioid agents such as Ultram. All of the above, taken together, imply a lack of functional improvement despite ongoing usage of Flector. Therefore, the request is not medically necessary.

**LIDODERM PATCH 5 PERCENT ( 700MG/PATCH) 1 PATCH DAILY FOR 12 HOURS, QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHAPTER: TOPICAL ANALGESICS Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section Page(s): 112.

**Decision rationale:** According to the MTUS Chronic Medical Treatment Guidelines topical Lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, however, there has been no evidence that antidepressants and/or anticonvulsants were trialed and/or failed before Lidoderm was introduced. No rationale for selection and/or ongoing usage of Lidoderm has been proffered by the attending provider. Therefore, the request is not medically necessary.