

<b>Case Number:</b>	CM14-0030400		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	02/12/2004
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 patient is a [REDACTED] employee who has filed a claim for internal derangement of the knee associated with an industrial injury of February 12, 2004. Thus far, the patient has been treated with NSAIDs, opioids, Soma, Effexor, TENS, heat and cold, pool therapy, and Hyalgan injections. Patient is status post right knee medial meniscectomy for osteoarthritis and L5-S1 lumbar fusion for right L5 radiculopathy in February 2012. In a utilization review report of December 24, 2013, the claims administrator denied a request for additional Norco as additional prescription is pending documentation of monitoring outcome and compliance; additional Effexor as prescription is pending documentation of outcome and psychological assessment; additional Naproxen as prescription is pending patient response; and Hyalgan injection to the right knee as there has been no improvement in knee symptoms or function since initiating injections in August 2013. Review of progress notes that patient has low back, right leg, and right knee pain. uses hinged knee brace and low back brace to ambulate. Patient complains of persistent wrist pain with numbness and tingling, having difficulty with fine motor skills. Left knee MRI dated April 19, 2013 showed tricompartmental osteoarthritis of the knee with degenerative signal within the menisci without findings of a tear. Patient has L5 radiculopathy on the right as per EMG results. Patient does sedentary work at best.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYALGAN INJECTION FOR 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 (ODG), Knee And Leg Chapter.

**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.

**Decision rationale:** Hyalgan is hyaluronate. CA MTUS does not specifically address this issue. ODG states that viscosupplementation injections to the ankle are under study; and larger studies are needed. Indications are identified as significantly symptomatic osteoarthritis; failure or intolerance to standard nonpharmacologic and pharmacologic treatments; and no indications for total ankle replacement or failed previous ankle surgery for arthritis. Patient has had three prior injections since August 2013. Progress note from November 2013 indicated that these injections are not helping. There is no support for continued injections for a treatment modality that has not shown benefit. Therefore, the request for Hyalgan injection for the right knee was not medically necessary per the guideline recommendations of ODG.

**NORCO 10/325MG, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Page(s): 79-81.

**Decision rationale:** As noted on page 79-81 of the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since at least January 2013. In this case, there is no documentation of periodic urine drug screens and of objective functional benefits derived. Therefore, the request for additional Norco 10/325mg was not medically necessary per the guideline recommendations of MTUS.

**EFFEXOR 75MG, #60:** Upheld

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

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

**Decision rationale:** Effexor is venlafaxine. As noted on pages 15 and 105 of the Chronic Pain Medical Treatment Guidelines, SNRIs are recommended as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. There is authorization on December 10, 2013 for Effexor for one month. Patient was switched from Zoloft to Effexor on October 07, 2013. There was note that patient has improved her mood,

however there is no documentation regarding functional benefit of this medication in this patient. Therefore, the request for additional Effexor 75mg was not medically necessary per the guideline recommendations of MTUS.

**NAPROXEN 550MG, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Section Page(s): 46.

**Decision rationale:** As stated in page 46 of the California MTUS chronic pain medical treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. Patient has been on this medication since at least January 2013. Progress notes from 2013 report that patient is allergic to Naprosyn. There is also no documentation regarding functional benefits derived in this patient. Also, it is not recommended for long-term use. Therefore, the request for additional Naproxen 550mg was not medically necessary per the guideline recommendations of MTUS.