

<b>Case Number:</b>	CM14-0034764		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/29/2013
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 Physical Medicine and Rehabilitation, 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 is a 44-year-old male with a reported date of injury of 10/29/2013. The mechanism of injury was not provided with the documentation available for review. The injured worker presented with left knee pain. Upon physical examination, the injured worker presented with no swelling or effusion, and tenderness in the medial joint line. The physician indicated the left knee range of motion was limited, the joint seemed stable. The left knee MRI dated 12/03/2013 was benign, with symptoms not consistent with imaging. In addition, the physician indicated the injured worker has returned to work on a light duty basis. The clinical documentation indicated the injured worker previously participated in physical therapy, the results of which were not provided within the documentation available for review. The injured worker's diagnoses included low back pain and knee joint pain. The injured worker's medication regimen included tramadol and ibuprofen. The request for authorization for the steroid injection to the left knee, Ultram 50 mg #60 and Dendracin lotion apply topically was submitted on 03/17/2014. The rationale for the request was not provided within the clinical information available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Steroid injection tot he left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 48, 339, 346.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee 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 & Leg, Corticosteroid Injections.

**Decision rationale:** The Official Disability Guidelines recommend corticosteroid injections for short term use only. Intra-articular corticosteroid injections result in clinically and statistically significant reduction in osteoarthritic knee pain 1 week after injection. The beneficial effect could last for 3 to 4 weeks, but is unlikely to continue beyond that. This supports short term (up to 2 weeks) improvement of symptoms of osteoarthritis of the knee after intra-articular corticosteroid injections. Criteria for intra-articular corticosteroid injections would include documented symptomatic severe osteoarthritis of the knee according to the American College of Rheumatology criteria, which requires knee pain and at least 1 of the following: Bony enlargement, bony tenderness, crepitus, less than 30 minutes of morning stiffness, palpable warmth, over 50 years of age, rheumatoid factor less than 1.4, synovial fluid signs, pain was not controlled adequately by recommended conservative treatments, pain interference with functional activities. In addition, corticosteroids are intended for short term control of symptoms to resume conservative medical management or delayed TKA. The clinical information provided for review indicates that the injured worker's symptoms are not consistent with imaging. The results of previous physical therapy were not provided within the documentation available for review. Within the clinical note dated 01/29/2014, the injured worker indicated that he was having increasing back pain. The injured worker indicated there was no real pain or numbness down his legs, and he continued to have left knee pain, but felt that the knee pain is actually improving with therapy. In addition, the physician notes that the injured worker is walking better, without the utilization of crutches. The left knee reflexes were 2+ and negative straight leg raise bilaterally. In addition, the clinical information lacks documentation of bony enlargement, bony tenderness or crepitus. The clinical information provided, lacks documentation of the injured worker failing conservative care, to include exercise, physical therapy, NSAIDs and medication. Therefore, the request for a steroid injection of the left knee is non-certified.

**Ultram 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend the ongoing management of opiates should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response of treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The clinical information provided for review lacks documentation related to the injured worker's level of pain. In addition, there is a lack of documentation related to the injured worker's previous participation in physical therapy and therapeutic outcome. According to the clinical

documentation, the injured worker began utilizing tramadol 01/29/2014. The addition of tramadol to the injured worker's medication regimen was not provided within the documentation available for review. In addition, the request as submitted failed to include frequency and directions for use. Therefore, the request for Ultram 50 mg #60 is non-certified.

**Dendracin Lotion apply topically:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter: Salicylate topicals.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Drugs.com.

**Decision rationale:** According to Drugs.com, Dendracin lotion contains methyl salicylate, benzocaine, and menthol. Dendracin lotion is utilized for temporary relief of minor aches and pains caused by arthritis, simple backache, and strains. Dendracin lotion is a topical analgesic, it works by temporarily relieving minor pain. In addition, Drugs.com states that Dendracin lotion should not be utilized on large areas of the body. Drugs.com also recommends that if the injured worker's symptoms do not get better or become worse after 7 days of utilizing Dendracin lotion, then to be reassessed by physician. In addition, the California MTUS Guidelines recommend topical analgesics as an option. Although largely experimental, used with few randomized control trials to determine effectiveness or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Agents are compounded as monotherapy are in combination for pain control. There is little to no research to support the use of many of these agents. There is a lack of documentation related to the addition of Dendracin lotion to the injured worker's medication regimen. In addition, there is a lack of documentation related to the therapeutic benefit in the ongoing utilization Dendracin Lotion. Drugs.com recommends that after 7 days if the injured worker's pain does not decrease or gets worse, they would need to be reassessed by a physician. In addition, there is a lack of documentation related to trials of antidepressants or anticonvulsants. The request as submitted failed to provide frequency, directions, and specific site in which the Dendracin lotion was to be utilized. Therefore, the request for Dendracin lotion applied topically is non-certified.