

Case Number:	CM14-0040212		
Date Assigned:	06/27/2014	Date of Injury:	09/21/2010
Decision Date:	07/28/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/04/2014

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 Internal 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 an injured worker with bilateral knees conditions. Date of injury was 09-21-2010. Pain management progress report and request for authorization February 04, 2014 was provided by [REDACTED]. Subjective complaints: Dull and aching pain in both knees, more on the left side. Physical examination: Palpation reveals tenderness on the medial and lateral knee joint lines of both knees, more on the left side. Patellar tracking is painful in both knees. Crepitation is noted in the patellofemoral joints. There is decreased bilateral knee range of motion, due to end range knee pain. Motor examination 5/5 strength in all muscle groups in the upper and lower extremities bilaterally. Diagnoses: Knee internal derangement; Knee joint effusion; Knee joint sprain/strain; Status post right knee surgery 12/08/12. The plan of treatment: Hydrocodone 5/325mg # 60 for moderate pain control; Naproxen 550 mg # 90 for pain and inflammation; Cyclobenzaprine 5 mg # 30 for muscle spasm; Ketoprofen 20% / Lidocaine HC1 12.3% Transderm Cream 240 gm; Left Knee Joint Injection under Fluoroscopy and IV Sedation with Knee Arthrogram. Positive findings on left knee MRI of 09/26/2011 included degenerative arthritis in the form of medial tibiofemoral joint space reduction, osteophytes and subchondral cysts; grade I signal in anterior horn of medial meniscus and grade II signal in lateral meniscus likely due to mucoid degeneration; knee joint effusion. X-ray of 10-04-2013 reported Impression: mild hypertrophic changes of both knees with moderate medial joint narrowing. No evidence of fracture or destructive changes. Progress report 11-26-2013 documented past right knee injection x3 and left knee injection x2. BP 148/86. MRI of right knee revealed tear of body of medial meniscus knee joint effusion. Medications are Norco, Cyclobenzaprine, Naproxen. Progress report 01-07-2014 documented medications Norco, Cyclobenzaprine, Naproxen. Procedure report 04-21-2014 documented the performance of left knee injection with arthrogram under fluoroscopy. Depo-Medrol and Bupivacaine were used. Utilization review dated 03-05-2014 recommended it not medically necessary of the requests for PO Meds (Unknown), Topical Compound Creams (Ingredients Unknown), Left Knee Joint Injection

under Fluoroscopy. RFA received date 02-18-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PO Meds (unknown): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347, Chronic Pain Treatment Guidelines NSAIDs ; Cyclobenzaprine (Flexeril) Page(s): 67, 41.

Decision rationale: Medical treatment utilization schedule American College of Occupational and Environmental Medicine Chapter 13 Knee Complaints, Table 13-6 Summary of Recommendations for Evaluating and Managing Knee Complaints (Page 346-347) states: Use of opioids for more than 2 weeks is not recommended. Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 67) states: For osteoarthritis (including knee), NSAIDs are recommended for the shortest period in patients. Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 41) states Cyclobenzaprine is an option, using a short course of therapy. Treatment should be brief. FDA Prescribing Information states: Cyclobenzaprine hydrochloride should be used only for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use is not available. FDA Prescribing Information for Naproxen states: Use the lowest effective dose for the shortest duration. Patients on long-term treatment with NSAIDs should have their CBC and a chemistry profile checked periodically. A progress report 11-26-2013 documented medications Norco, Cyclobenzaprine, Naproxen. A progress report 01-07-2014 documented medications Norco, Cyclobenzaprine, Naproxen. A progress report 02-04-2014 documented medications Norco, Cyclobenzaprine, Naproxen. No laboratory tests were contained in the medical records. The patient is an injured worker with bilateral knees conditions. Date of injury was 09-21-2010. The occupational injuries are chronic. The MTUS and FDA guidelines do not recommend the use of Norco, Cyclobenzaprine, Naproxen for long periods. Medical records document that the patient was prescribed these PO medications on 11-26-2013, 01-07-2014, 02-04-2014. MTUS and FDA guidelines do not support the medical necessity of PO medications Norco, Cyclobenzaprine, Naproxen. Therefore, the request for PO Meds (unknown) is Not medically necessary.

Topical Compound Creams (ingredients unknown): 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.

Decision rationale: Medical treatment utilization schedule Chronic Pain Medical Treatment Guidelines addresses topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one

drug (or drug class) that is not recommended is not recommended. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. The patient is an injured worker with bilateral knees conditions. Date of injury was 09-21-2010. There is no documentation of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). There is no documentation of neuropathic pain. The California MTUS guidelines state that Ketoprofen is not currently FDA approved for topical application. The California MTUS guidelines state that topical Lidocaine is not recommended for non-neuropathic pain. Any compounded product that contains at least one drug (or drug class) that is not recommended. The California MTUS guidelines do not support the medical necessity of topical compound creams containing Ketoprofen and Lidocaine. Therefore, the request for Topical Compound Creams (ingredients unknown) is Not medically necessary.

Left knee joint injection under fluoroscopy: 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 Chapter, Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339, 342, 346-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic).

Decision rationale: Medical treatment utilization schedule American College of Occupational and Environmental Medicine Chapter 13 Knee Complaints states: Invasive techniques, such as cortisone injections, are not routinely indicated. Risk of complications (e.g., infection, radiation) highest for arthrography, less for radiography and computer tomography (CT), and lowest for bone scan and MRI. Also note that MRIs are superior to arthrography for both diagnosis and safety reasons. Repeated aspirations or corticosteroid injections are optional. The Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) addresses corticosteroid injections. Recommended for short-term use only. Longer-term benefits have not been confirmed. There is potential chondrotoxicity associated with intra-articular bupivacaine use in arthritic knee joints, particularly when given with a corticosteroid. The possible spectrum of iatrogenic injury that may be caused by repeated injections of local anesthetics commonly used to treat articular pain. Only one injection should be scheduled to start; A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response; With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option; The number of injections should be limited to three. Criteria for intraarticular glucocorticosteroid injections require documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria. The patient is an injured worker with bilateral knees conditions. Date of injury was 09-21-2010. Diagnoses were: Knee internal derangement; Knee joint effusion; Knee joint

sprain/strain; Status post right knee surgery 12/08/12. Left knee MRI was performed on 09/26/2011. X-ray 10-04-2013 reported mild hypertrophic changes of both knees with moderate medial joint narrowing, No evidence of fracture or destructive changes. There is no documentation of Bony enlargement; Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Rheumatoid factor less than 1:40 titer (agglutination method); Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³). Progress report 11-26-2013 documented previous left knee injection x2. Medical records demonstrated that the patient's knee conditions do not meet the ACR criteria for severe osteoarthritis of the knee. Medical records do not discuss the response to the two previous knee injections. Official Disability Guidelines addresses imaging guidance for knee joint injections: In the knee, conventional anatomical guidance by an experienced clinician is generally adequate. Ultrasound guidance for knee joint injections is not generally necessary. Intraarticular glucocorticosteroid injections are-generally performed without fluoroscopic or ultrasound guidance. The California MTUS and ACOEM guidelines state that cortisone injections of the knee are not routinely indicated. The Official Disability Guidelines states that fluoroscopic guidance is not generally necessary .Therefore, the request for Left knee joint injection under fluoroscopyis not medically necessary.