

<b>Case Number:</b>	CM14-0047365		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/16/2003
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 56 year-old with a date of injury of 05/16/03. A progress report associated with the request for services, dated 03/31/14, identified subjective complaints of left leg and knee pain. Objective findings were not documented. Diagnoses included left knee degenerative arthritis and right plantar fasciitis. Treatment has included orthotics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 left knee synvisc injection:** 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), Treatment Index, 12th edition (web) 2014- Knee- Synvisc.

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

**Decision rationale:** The current request is for Synvisc injections for therapy of patellofemoral chondromalacia of the knee. The California MTUS Chronic Pain Guidelines do not address visco supplementation (hyaluronic acid injections). The Official Disability Guidelines note that hyaluronic acid injections are indicated for symptomatic osteoarthritis that has not responded to

conservative management. It further states: in recent quality studies the magnitude of improvement appears modest at best. It is not indicated for patellofemoral arthritis or syndrome, or other joints than the knee. In this case, the claimant does not meet the criteria. Specifically, the visit lacked documentation of 3 months of exercise and pharmacologic management, and lack of response to steroid injection. Therefore, One (1) left knee synvisc injection is not medically necessary.

**Left PRP (platelet rich plasma) injection: 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), Treatment Index, 12 edition (web) 2014, Knee, Synvisc; Knee- Platelet-rich plasma (PRP).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Platelet-Rich Plasma (PRP).

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) does not address platelet-rich plasma (PRP) injections. The Official Disability Guidelines (ODG) noted that there is a small study that showed efficacy in tendinopathy. However, there is a need for randomized, controlled trials to identify the benefits, side effects, and adverse effects that may be associated with the use of PRP for muscular and tendinous injuries. They state: PRP looks promising, but is not yet ready for prime time. Therefore, left PRP (platelet rich plasma) injection is not medically necessary.

**Norco 10/325mg #60 refill for 1 year: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids for Chronic Pain.

**Decision rationale:** Norco 10/325 is a combination drug containing acetaminophen and the opioid hydrocodone. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. The guidelines note that a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The Chronic Pain Guidelines also state that with chronic low back pain, opioid therapy appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited. The treatment plan is for more than 16 weeks. The Official Disability Guidelines (ODG) state: While long-term opioid therapy may benefit some patients with severe suffering that has been refractory to other medical and psychological treatments, it is not generally

effective achieving the original goals of complete pain relief and functional restoration. Therapy with Norco will appear to be ongoing. The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. Therefore, Norco 10/325mg #60, refill for 1 year, is not medically necessary.