

<b>Case Number:</b>	CM14-0057416		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/22/2000
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	03/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 claimant was injured on 09/22/00. Topical medications and a knee injection of Kenalog and Marcaine have been requested and are under review. He was evaluated by [REDACTED] on an unknown date possibly in 2010 and x-rays showed preservation of the joint spaces in all 3 compartments of the left knee. There was a left knee possible occult medial meniscal tear that was currently quiescent. He had good range of motion and no effusion. There was no medial or lateral joint line tenderness. He was seen on 04/28/10 for his bilateral knees but he had no pain. He had occasional pain with certain activities. He had good range of motion and negative McMurray's. His right knee had mild degenerative joint disease (DJD) mainly involving the medial compartment. He was to continue conservative modalities and home exercises. He may also continue Mobic. In 1 year repeat x-rays were recommended. X-rays of the right knee dated 04/08/11 showed minimal osteoarthritis that was unchanged since the previous study. His knees were essentially pain-free and there were no significant findings. X-rays of the right knee dated 04/03/12 showed mild degenerative changes with no change compared to the previous study. As of 04/25/12, he was continuing his home exercises and the Mobic. X-rays of the right knee dated 12/17/13 showed stable mild degenerative changes. He saw [REDACTED] on 01/10/14. He was provided a cortisone injection 13 years before for right knee pain and he had excellent relief. He denied any frank locking, catching, or giving way. He had a slightly antalgic gait. Range of motion was good and he had medial joint line tenderness. He was diagnosed with right knee medial compartment DJD. The right knee joint was injected with Kenalog and Marcaine. He was given, compound cream and meloxicam. On 02/21/14, he reported great relief of his pain after the injection. He was doing home exercises and tolerating them. He had good range of motion and no tenderness. He was advised to continue the exercises and the Mobic.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Flurbiprofen 10%, Ketamine 10%, Cyclobenzaprine 1%, Gabapentin 6%, Lidocaine 2%, Prilocaine 2% in lipoderm active max: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 143.

**Decision rationale:** The history and documentation do not objectively support the request for flurbiprofen 10%, ketamine 10%, cyclobenzaprine 1%, gabapentin 6%, lidocaine 2%, and prilocaine 2% in Lipoderm active max. The CA MTUS p. 143 state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. The primary treater recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004).... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". There is no evidence of failure of all other first line drugs. The claimant has been using Mobic for a prolonged period of time without evidence of intolerance or ineffectiveness. Topical gabapentin, cyclobenzaprine, and ketamine, are not recommended and topical lidocaine is only recommended in the form of Lidoderm patch. The medical necessity of this request has not been clearly demonstrated.

**1 right knee injection of Kenalog 40mg and 6cc of Marcaine: Upheld**

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

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

**Decision rationale:** The history and documentation do not objectively support the request for an injection of Kenalog and Marcaine to the right knee. The MTUS give the following "criteria for Intraarticular glucocorticosteroid injections: documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm<sup>3</sup>); not controlled adequately by recommended conservative treatments (exercise, NSAIDs or acetaminophen); pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; intended for short-term control of symptoms to resume conservative medical

management or delay total knee arthroplasty (TKA); generally performed without fluoroscopic or ultrasound guidance; absence of synovitis, presence of effusion preferred (not required); aspiration of effusions preferred (not required); only one injection should be scheduled to start, rather than a series of three; 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." In this case, these criteria have not been met. The claimant has had few findings of any significance on physical examination and multiple x-rays have shown minimal DJD. There is no indication that he has significant functional limitations due to osteoarthritis of the right knee. The medical necessity of this request has not been demonstrated.