

<b>Case Number:</b>	CM14-0077600		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	09/23/2010
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2014

### 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 Family Medicine, and is licensed to practice in New York. 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 worker is a 62 year old female who was injured on 9/23/2010 after slipping and falling onto a floor striking her left side and elbow. She was diagnosed with left elbow contusion, knee meniscal tear, left elbow medial and lateral epicondylitis, adjustment disorder, lumbar sprain/strain, right Achilles tendinitis, and left and right knee degenerative joint disease. She was treated with oral medications including opioid analgesics, muscle relaxants, and sleep aids. She was also treated with a knee brace, Bionicare knee system, physical therapy, surgery (left knee, arthroscopic), Synvisc injections, and elbow Corticosteroid injection. In 9/2013, the worker received a corticosteroid injection to the lateral elbow, but which was reported later as only helping temporarily. Another left elbow corticosteroid injection was given to her on 12/5/13 with temporary improvement. On 4/9/14, she reported to her orthopedic physician that her last Synvisc injection from 9/13 had initially caused a flare-up of pain in her knee but later after completing the third injection on 12/5/13, began to improve her ability to use her knee for longer periods. On 5/6/14, the worker was seen by her orthopedic physician complaining of persistent bilateral knee pain (left worse than right), left elbow pain, and a recent flare-up of her back pain. Physical examination revealed lumbar spine tenderness, positive straight leg raise, patellofemoral grind test positive (left more than right), bilateral crepitus of patella, right ankle slight swelling with tenderness of Achilles tendon, and tenderness of the left elbow (lateral more than medial) with Cozen's test positive. She was then recommended to continue her medications (Norco, Celebrex, Prevacid, Flexeril, Ambien, and Voltaren gel), and receive a repeat injection of her left elbow as well as repeat Synvisc injections to both knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Cortisone Injection to the Left Elbow: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 22-24, 31-32.

**Decision rationale:** The MTUS ACOEM Guidelines state that for epicondylitis, corticosteroid injections may be recommended for short-term relief of elbow pain as there is support for their use in select cases during the natural recovery, but are associated with a high recurrence rate. If non-invasive treatment strategies fail over at least 4 weeks, then a corticosteroid injection may be considered. An exercise program for strength and endurance should also be initiated after the injection to improve the benefit. Repeat injections should be supported by either objective improvement or utilization of a different technique or location, and it is generally recommended that only up to 3 overall injections per injury/area be utilized. In the case of this worker, she had received at least 2 elbow injections as documented in her chart, however, the benefit was short. Although one last injection in her left elbow may be recommended for temporarily relief of her pain, there was no evidence of her initiating any physical exercise of her arm, which is the more important long-term strategy for this patient. Therefore, without documentation of this taking place, the corticosteroid injection is not medically necessary, and is not likely to aid in the longterm benefit of this worker's elbow pain.

### **1 Ultrasound Guided Synvisc Injections (series of 3 x 2 milliliter injections each): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Knee and Leg section, Hyaluronic acid injections.

**Decision rationale:** The MTUS Guidelines do not mention hyaluronic acid injections for the knee. The ODG, however, states that they are recommended as a possible option for severe osteoarthritis for those patients who have not responded adequately to recommended conservative treatments such as exercise and NSAIDs or acetaminophen and steroid injections for the purpose of delaying total knee replacement surgery, although the overall benefit from trials seems to modest at best. There is insufficient evidence for using hyaluronic acid injections for other conditions besides severe osteoarthritis, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome. Also, repeat injections are generally allowed in cases where significant benefit was documented for more than 6 months after the previous injection. In the case of this worker, although it is reported that she did gain some benefit from these injections in the past, her request for more injections around 5-

6 months past her last injection suggests that the benefit did not last longer than 6 months. Also, after reviewing the available reports by the requesting physician, although a general mention of her benefit was made, there was not enough of a specific report on the worker's quantifiable functional and pain-relief benefit from these injections in order to better assess their benefit. Therefore, without better documentation of benefit and recognizing that the any benefit seemed to not last beyond the 6 month mark, the Synvisc injections are not medically necessary.

**Norco 5/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone, Opioids, criteria for use, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, the Norco had been used chronically for many months leading up to this request with reported benefit as documented by the requesting physician. However, a complete review needs to be performed at every office visit documenting functional benefit and pain-relief in order to monitor if the benefit is decreasing over time or not. A more detailed functional benefit report is also required for the reviewer to decide for medical necessity. Therefore, the Norco is not medically necessary without this ongoing documentation.

**Flexeril 10mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, she had been using this medication

chronically for many months leading up to this request, which is not recommended. Also, there was no quantity requested. Therefore, the Flexeril is not medically necessary.

**Ambien 10mg:** 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), Pain (Acute and Chronic), Zolpidem (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Pain section AND insomnia section, Ambien.

**Decision rationale:** The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, Ambien was prescribed for many months leading up to this request, which is longer than recommended for this type of medication. Also, no review of the worker's sleep or side effects of this medication was seen in the documentation. Also, there was no quantity requested. Therefore, the Ambien is not medically necessary.

**Voltaren Gel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Voltaren Gel (diclofenac).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no longterm studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, the Voltaren gel was used for many months leading up to this request. And may be reasonable for her to continue if it weren't for the fact that she is also using oral NSAIDs. It is not necessary to provide

two NSAIDs for one patient, especially if they have cardiovascular disease such as this one. Therefore, currently, the Voltaren is not medically necessary until Celebrex is discontinued.