

<b>Case Number:</b>	CM14-0084833		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	11/17/2001
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 Practice, and is licensed to practice in Ohio. 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 67-year-old female whose date of injury was November 17 of 2001. She complains of low back pain, pain to knees, the neck, shoulders, and left ankle. Her physical exam has shown tenderness to palpation of the left ankle and musculature of the lower back. Her diagnoses include degeneration of the cervical intervertebral disc, cervical spondylosis without myelopathy, lumbosacral spondylosis without myelopathy, chondromalacia patella, and chronic back pain. She has been utilizing topical anti-inflammatories and lidocaine topically for her pain. The treating physician notes that she has been using Hyaluronic double strength capsules for years to prevent and treat her arthritis with 60-80% relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hyaluronic 100 mg #1440:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

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

**Decision rationale:** The Official Disability Guidelines and the MTUS guidelines are silent on the use of oral Hyaluronic acid for any condition. The injectable form is recommended as an option for severe osteoarthritis of the knee for patients who have not responded adequately to exercise, anti-inflammatories, or acetaminophen to delay total knee replacement. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions including chondromalacia patella. Hyaluronic acids are naturally occurring substances in the connective tissues that cushion and lubricate the joints. Because there is no data on the oral form of Hyaluronic acid for use for nonspecific knee pain, low back pain, ankle pain, shoulder pain, and neck pain, oral Hyaluronic 100 mg #1440 is medically unnecessary.