MAXIMUS Federal Services

Case Number:	CM14-0099519		
Date Assigned:	07/28/2014	Date of Injury:	10/14/2009
Decision Date:	08/29/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	06/27/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tenesee. 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 a 54-year-old female who has submitted a claim for left hip pain status post left hip arthroscopy, synovectomy, debridement of labral tear, osteochondroplasty of the acetabulum, status post right knee arthroscopy, debridement of ganglion cyst and partial lateral meniscectomy, myofascial pain of the left hip flexors/quadriceps, and internal derangement of the left knee associated with an industrial injury date of October 14, 2009. Medical records from 2011 through 2014 were reviewed, which showed that the patient complained of bilateral knee pain, left more than right. Physical examination revealed moderate tenderness of the left knee with mild crepitation on range of motion testing. There was mild decrease in left hip adduction and internal rotation. Patrick and Fabere's tests were positive on the left. Sensation was intact. Reflexes were equal and symmetrical in all extremities. X-ray of the left knee dated 7/17/13, revealed mild narrowing of the medial joint space compartment and small notch osteophyte. No fracture and normal alignment were noted. MRI of the left knee dated 3/26/13 revealed no meniscus tear and intrasubstance changes do not have any clinical significance. There was patellofemoral chondrosis. Treatment to date has included left hip arthroscopy, right knee arthroscopy, a home exercise program, cortisone injections, and medications, which include Naproxen 500mg, Capsaicin 0.075% cream, Capsaicin 0.025% lotion, Prednisone 10mg, and Voltaren gel. Utilization review from June 25, 2014 denied the request Supartz Injections x 3 (l. knee) and Capsaicin 0.75%. Supartz injection was denied because ODG guidelines suggest a trial of hyaluronic acid injections only for those knees with severe OA. The most recent American Academy of Orthopedic Surgeons guidelines for the treatment of knee osteoarthritis does not endorse hyaluronic acid injections at all, based on strong evidence. Capsaicin 0.75% cream was denied as there are no studies that justify a dose in excess of 0.025%

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz Injections x 3 (l. knee): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG; Knee Chapter; Criteria for Hyaluronic acid Injections.

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

Decision rationale: The California MTUS does not specifically address viscosupplementation. Per the Strength of Evidence, hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. ODG states that criteria for hyaluronic acid injections include patients with significantly symptomatic osteoarthritis that has not responded adequately to standard non-pharmacologic and pharmacologic treatments or is intolerant of these therapies after at least 3 months; or is not a candidate for total knee replacement or has failed previous knee surgery for arthritis; and failure of conservative treatment; and plain x-ray or arthroscopy findings of arthritis. Furthermore, repeat series of injections may be reasonable if there is relief for 6-9 months. In this case, the patient has not had viscosupplementation injections previously. In the most recent clinical evaluation, the patient presented with bilateral knee pain and examination revealed tenderness along the medial joint lines and crepitation on range of motion testing. There are subjective and objective findings that warrant treatment with hyaluronic acid injections. However, there was no discussion regarding failure of standard treatment and both MRI and X-ray findings did not reveal osteoarthritis. Furthermore, review of records indicates that previous steroid injections have been helpful with about 80% pain reduction. The guideline criteria have not been met. Therefore, the request for Supartz Injections x 3 (l. knee) is not medically necessary.

Capsaicin 0.75%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Capsaicin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

Decision rationale: According to pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, a-adrenergic receptor agonist, adenosine, cannabinoids, and cholinergic receptor antagonists). Topical analgesics are largely experimental in use with few randomized

controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these agents. Guidelines recommend capsaicin only as an option in patients who have not responded or are intolerant to other treatments, with the 0.025% formulation indicated for osteoarthritis. The guideline states that there is no current indication that an increase over 0.025% formulation of capsaicin would provide any further efficacy. The ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, the topical cream was prescribed as adjuvant therapy for oral medications. Patient has been on Capsaicin cream since 1/27/14 however, the records provided did not document failure or intolerance to first-line oral pain medications, which is what guidelines recommend. The prescribed formulation of 0.75% is also, in excess of what is supported by guidelines. Furthermore, the request failed to specify the amount to be dispensed and frequency of usage. Therefore, the request for Capsaicin 0.75% is not medically necessary.