

<b>Case Number:</b>	CM14-0061018		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/05/2012
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 40-year-old male who sustained an industrial related injury on 9/5/12 after twisting his knee. The injured worker had complaints of left knee pain. Treatment included left knee arthroscopic medial meniscectomy and bursectomy on 1/23/13. The 3/12/14 treating physician report cited grade 5/10 residual left knee pain with intermittent aching and throbbing. Activities of daily living were limited in squatting, bending, kneeling, cooking, and cleaning. Physical examination findings included normal gait, range of motion 0-120 degrees with painful patellofemoral crepitus, and no evidence of instability. Strength was normal. X-rays findings of mild degenerative joint disease with no significant cartilage interval narrowing were documented. Diagnoses included status post left knee arthroscopic medial meniscal surgery and chondromalacia patella. The treating physician requested authorization for Hydrocodone-APAP 10/325mg #90, LidoPro topical ointment 4oz #1, and Orthovisc injection to the left knee 3 injections over a 3 week period. On 4/2/14, the requests were modified or non-certified. Regarding Hydrocodone, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted the request was modified to a quantity of 10. The UR physician indicated there was no documentation of a signed pain contract, urine drug testing/CURES reporting for compliance monitoring or objection findings of functional improvement, and noted prior progressing weaning recommendations/certifications. Regarding Lidopro, the UR physician cited the MTUS guidelines and noted there was no prior benefit documented from this medications use. Regarding the Orthovisc injections, the UR physician

cited the Official Disability Guidelines and noted there was no documentation of severe symptomatic osteoarthritis and therefore does not meet the guideline recommendations.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Hydrocodone APAP 10-325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, specific drug list Page(s): 76-80, 91.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines support the use of hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Additional criteria include urine drug screen and a signed pain contract. Guideline criteria have not been met for additional medication certification at this time. There is no current documentation relative to the frequency of use or Norco (hydrocodone/APAP), or benefit relative to specific pain relief, or objective measurable functional improvement. The 4/2/14 utilization review noted prior progressive modifications of Norco requests for weaning due to lack of documented functional benefit. There is no compelling reason to support the medical necessity of additional medication beyond that certified on 4/2/14 given the absence of documented functional improvement. Therefore, this request for Hydrocodone/APAP 10/325 mg #90 is not medically necessary.

**Lido Pro Topical Ointment 4 oz. #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111,127.

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

**Decision rationale:** LidoPro is a topical analgesic that combines Capsaicin 0.0325%, Lidocaine 4%, Menthol 10%, and Methyl Salicylate 27.5%. Guidelines state that if any compounded product contains at least one drug (or drug class) that is not recommended, then the compounded product is not recommended. Capsaicin 0.0325% is not recommended as there are no current indication that an increase over a 0.025% formulation would provide any further efficacy. Topical lidocaine is not recommended for non-neuropathic pain and only Lidocaine in the dermal patch formulation is recommended for neuropathic pain. Guideline criteria have not been met. Guidelines do not support the use of capsaicin in a 0.0325% formulation, do not recommend Lidocaine in an ointment form for neuropathic pain, and do not recommend topical Lidocaine for

non-neuropathic pain. Lacking guideline support for all of the compound components, this request for one LidoPro topical ointment 4 oz is not medically necessary

**Orthovasc injections to the left knee, 3 injections over a 3 week period:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hyaluronic acid injections. Decision based on Non-MTUS Citation ODG-Knee chapter - Hyaluronic acid injections

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

**Decision rationale:** The California MTUS guidelines do not provide recommendations for hyaluronic acid injections. The Official Disability Guidelines state that hyaluronic acid injections are recommended for patients who experience significantly symptomatic osteoarthritis but have not responded adequately to at least 3 months of standard non-pharmacologic and pharmacologic treatments. Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee because the effectiveness of hyaluronic acid injections for these indications has not been established. Guideline criteria have not been met. This patient presents with moderate left knee pain and crepitus, with some limitation in activities of daily living. Mild degenerative joint disease has been documented on recent x-rays. Detailed evidence of at least 3 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request for Orthovisc injections to the left knee, 3 injections over a 3-week period, are not medically necessary at this time.