

<b>Case Number:</b>	CM15-0005787		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	10/05/2000
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: Hawaii, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 64 year old female, who sustained an industrial injury on 10/05/2000. The diagnoses have included depression, anxiety, chronic pain syndrome, sacroiliac strain, lumbar spasm and osteoarthritis of the knee. Treatment to date has included medications, home exercises, TENS machine and psychotherapy. Currently, she reports intermittent low back pain rated as 6/10. Pain frequently increases to 9. Objective findings included tenderness to the right sacroiliac (SI) joint. There is right knee tenderness and a positive Faber's test. On 12/22/2014, Utilization Review non-certified a request for SI bilateral joint injection, right knee Hyalgan injection #5 and Butrans 10mcg/hr #4 noting that the clinical findings do not support the medical necessity of the treatment. The MTUS and ODG were cited. On 1/12/2015, the injured worker submitted an application for IMR for review of SI bilateral joint injection, right knee Hyalgan injection #5 and Butrans 10mcg/hr #4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral SI joint injection:** 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), Hip & Pelvis Chapter, Sacroiliac joint blocks

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), Epidural steroid injections (ESIs), therapeutic MD Guidelines, Facet Joint Injections/Therapeutic Facet Joint Injections

**Decision rationale:** ACOEM Guidelines report that “Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine)” are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. ODG and MD Guidelines agree that: One diagnostic facet joint injection may be recommended for patients with chronic low back pain that is significantly exacerbated by extension and rotation or associated with lumbar rigidity and not alleviated with other conservative treatments (e.g., NSAIDs, aerobic exercise, other exercise, manipulation) in order to determine whether specific interventions targeting the facet joint are recommended. Physical exam findings do not suggest that extension and rotation significantly exacerbate low back pain. Additionally, the treating physician does not document lumbar rigidity, level of pain relief as it pertains to conservative treatments, or specify what the specific findings were to warrant SI injection. As such, the request for Bilateral SI joint injection is not medically necessary.

**Right knee Hyalgan injection x 5:** 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), Knee & Leg, Hyaluronic acid injections

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-352. Decision based on Non-MTUS Citation Knee, Hyaluronic acid injections

**Decision rationale:** While ACOEM guidelines do not specifically mention guidelines for usage of orthovisc injections, it does state that Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intraarticular infection. ODG recommends as guideline for Hyaluronic acid injections Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50

years of age. Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; Failure to adequately respond to aspiration and injection of intra-articular steroids; The treatment notes only cite 'knee swelling' as physical findings in regards to her knee complaints. Several findings needed per guidelines are not documented in the treatment notes provided, crepitus, morning stiffness. The treatment notes also does not detail failure/intolerant to pharmacologic treatment. As such, the request for Right knee Hyalgan injection x 5 is not medically necessary.

**Butrans 10mcg/HR patch #4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Chronic Pain, Butrans

**Decision rationale:** Buprenorphine, is recommended for treatment of opiate addiction, also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. ODG states: Buprenorphine transdermal system (Butrans; no generics): FDA-approved for moderate to severe chronic pain. Available as transdermal patches at 5mcg/hr, 10mcg/hr and 20mcg/hr. See also Buprenorphine for treatment of opioid dependence The ODG states: Recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience. The medical records provided does not indicate evaluation of the pain component of the patient, either by pain scale, pain level with and without medication, etc. The original utilization review recommended weaning, which is appropriate. The medical provided does not detail why the patient is at a high-risk of non-adherence. As such, the request for Butrans 10mcg/HR patch #4 is not medically necessary.