

<b>Case Number:</b>	CM15-0141549		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	03/21/2008
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Texas, New York, 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 applicant is a represented 59-year-old who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of March 21, 2008. In a Utilization Review report dated June 18, 2015, the claims administrator failed to approve a request for repeat viscosupplementation injection and topical Pennsaid. An RFA form received on June 11, 2015 was referenced in the determination, as was an associated progress note of June 1, 2015. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log was surveyed; it appeared that the most recent note on file was in fact dated February 24, 2015; thus, the more recent June 1, 2015 progress note on which the article(s) in question were proposed was not seemingly incorporated into the IMR packet. On February 23, 2015, the applicant reported ongoing complaints of bilateral knee pain, right greater than left. The applicant was asked to consult a pain management physician and consider repeat viscosupplementation injections in two to three months. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working. It was suggested that the applicant might ultimately require a total knee arthroplasty. Large portions of the progress note were difficult to follow, handwritten, and not altogether legible. In a February 24, 2015 progress note, the applicant was described as having bilateral moderate-to-severe medial compartmental arthritis status post right knee arthroscopy with subsequent DVT development. The applicant was on Norco, Protonix, Ativan, Naprosyn, glipizide, and metformin, it was reported. Multiple medications were renewed. There was no mention made of topical Pennsaid on this date.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Repeat orthovisc injections x3 for the right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg (acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg. 687-688.

**Decision rationale:** No, the request for repeat orthovisc (viscosupplementation) injection was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While the Third Edition ACOEM Guidelines do recommend intraarticular knee viscosupplementation injections in the treatment of moderate-to-severe knee osteoarthritis, as was present here, ACOEM qualifies this position by noting that repeat injections are "not generally recommended" if there are adverse effects or the clinical presentation suggests a significant reduction in or resolution of symptoms. Here, the June 1, 2015 progress note on which the article in question was proposed was not incorporated into the IMR packet. The applicant's response to earlier viscosupplementation (orthovisc) injections was not clearly described or characterized. It was not stated whether the previous injections had or had not proven successful, whether the previous injection had resulted in a complete resolution in symptomatology, whether the applicant had had a recurrence in symptoms, etc. Again, the June 1, 2015 progress note on which the claims administrator based its decision upon was not incorporated into the IMR packet. The historical notes on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.

### **Pennsaid 2%, #2 bottles: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Pennsaid), NSAIDs Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac); Functional Restoration Approach to Chronic Pain Management Page(s): 112; 7.

**Decision rationale:** Similarly, the request for topical Pennsaid was likewise not medically necessary, medically appropriate, or indicated here. Topical Pennsaid is a derivative of topical diclofenac/topical Voltaren. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Pennsaid/topical diclofenac/topical Voltaren is indicated in the treatment of small joint arthritis which lends itself toward topical application, such as the knees, i.e., the primary pain generators here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the June 1, 2015 progress note on which topical Pennsaid was endorsed was not incorporated into the IMR packet. The historical progress notes of February 23, 2015 and February 24, 2015 made no mention of the applicant's using topical

Pennsaid as of those dates. It was not clearly stated, thus, whether the request represented a first-time request or a renewal request. Again, the June 1, 2015 progress note on which the article in question was sought was not incorporated into the IMR packet. The historical information on file failed to support or substantiate the request. Therefore, the request was not medically necessary.