

<b>Case Number:</b>	CM15-0147045		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	09/13/2011
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: Connecticut, California, Virginia  
 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:

This 44 year old male sustained an industrial injury to the neck and right knee on 9-13-11. Magnetic resonance imaging bilateral knees (5-26-15) showed moderately severe chondromalacia of the patella and arthritic changes. Previous treatment included bilateral knee medial meniscectomy, physical therapy and medications. In an orthopedic reevaluation dated 6-10-15, the injured worker complained of mild neck pain and moderate bilateral knee pain. The injured worker reported recent falls due to his left knee giving out. Physical exam was remarkable for bilateral knees with decreased range of motion and tenderness to palpation. Current diagnoses included bilateral knee medial meniscus tears. The treatment plan included continuing use of X-force with Solar Care device, continuing medications (Norco, Prilosec, Xanax and Prozac) and a series of three Supartz injections to bilateral knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Series of 3 Supartz Injections to the Bilateral Knees:** Overturned

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

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

**Decision rationale:** The MTUS does not include recommendations regarding use of hyaluronic acid injections, and therefore the ODG guidelines provide the preferred mechanism for assessment of medical necessity in this case. The ODG criteria for hyaluronic acid injections include significant symptomatic osteoarthritis without adequate response to recommended conservative treatment (exercise, etc.) and pharmacologic treatments or intolerance to these therapies after at least three months. The criteria also include pain interfering with functional activity and failure to respond to steroid injections. While the patient does have evidence of chondromalacia (which is less likely to respond per the evidence-based ODG), given the chronicity of the injury in this case and the overall numerous failed treatment modalities, a series may be considered indicated, particularly with prior meniscectomy and likely arthritic contribution to pain. In this case, within the limitations of the provided medical records and in-line with the expectation that opioid weaning will be a primary focus of further care, there is sufficient evidence to support a treatment request for hyaluronic acid injections.

**Norco 10/325 MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

**Decision rationale:** Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably non-certified the request and encouraged facilitation of appropriate weaning. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for Norco is not considered medically necessary.

**Urine Tox Screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screening Page(s): 89.

**Decision rationale:** The MTUS Chronic Pain guidelines describe urine drug testing as an option to assess for the use or presence of illegal drugs. Given this patient's history based on the provided documentation, there is no evidence of risk assessment for abuse, etc. Without documentation of concerns for abuse/misuse or aberrant behavior, the need for screening cannot be substantiated at this time and is therefore not considered medically necessary.