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| <b>Case Number:</b>   | CM15-0161177 |                              |            |
| <b>Date Assigned:</b> | 08/27/2015   | <b>Date of Injury:</b>       | 02/06/2013 |
| <b>Decision Date:</b> | 10/19/2015   | <b>UR Denial Date:</b>       | 07/31/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/18/2015 |

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 56 year old male who sustained a work related injury February 6, 2013. Past treatment included physical therapy, icing, bracing, and arthroscopic surgery left knee May 21, 2014. According to an initial orthopedic evaluation report, dated July 16, 2015, the injured worker presented with complaints of neck pain radiating to the shoulders, bilateral elbow pain, low back pain localized, with radiation to the buttocks, and the chief complaint of bilateral knee pain, left greater than right with grinding and catching of the left knee with marked locking. He reports he can only walk a few blocks before stopping due to pain. Physical examination revealed; cervical spine-range of motion slightly limited with 50 degrees of flexion and extension, neurogenic compression tests are negative; bilateral elbows-mild swelling and tenderness of the lateral aspects of both elbows, range of motion is full, Tinel's negative bilaterally, right handed; thoracolumbar spine-forward flexion 70 degrees, with fingertips failing to touch the toes by 20cm, palpation reveals tenderness and spasm, supine and active straight leg raise positive at 60 degrees on the right; ambulates with a left antalgic gait; bilateral knees-moderated intraarticular effusion of both knees, left greater than right, global tenderness medial and lateral joint lines on the left knee and tenderness of the medial joint line on the right knee; patella grind testis positive, with grinding and catching bilaterally; range of motion of both knees are full; McMurray's sign is positive bilaterally. Diagnoses are clinical and MRI scan evidence of disc herniation of the cervical spine with degenerative disc disease at multiple levels; lateral epicondylitis of the bilateral elbows with early degenerative arthritis; osteoarthritis of the bilateral knees, left greater than right; degenerative disc disease of the lumbar spine at the L4-5

level. At issue, is the request for authorization dated July 29, 2015, for Hyalgan injections (series of 5) left knee and a urine toxicology screen. X-rays of the right knee three views and tibia two views (not dated) physician documented as mild tricompartmental osteoarthritis. X-rays of the left knee three views and tibia two views (not dated) physician documented as severe tricompartmental osteoarthritis. According to utilization review dated July 31, 2015, the request for Hyalgan injections (series of 5) left knee and urine toxicology are non-certified.

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

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

**Hyalgan injections (series of 5) to the left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS is silent on the use of hyaluronic acid injections. Per ODG TWC with regard to viscosupplementation, hyaluronic acid injections are "Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain)." Criteria 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; Generally performed without fluoroscopic or ultrasound guidance; Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement. (Wen, 2000) Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence; see Repeat series of injections above. 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 (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarso-phalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of

hyaluronic acid injections for these indications has not been established. The documentation submitted for review does not contain any recent diagnostic reports showing degenerative changes or evidence of severe osteoarthritis. There was no evidence that the injured worker was refractory to injection of intra-articular steroids. The request is not medically necessary.

**Urine toxicology:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** MTUS Chronic Pain guidelines recommend random drug screening for patients to avoid the misuse of opioids, particularly for those at high risk of abuse. Per MTUS CPMTG p 87, "Indicators and predictors of possible misuse of controlled substances and/or addiction: 1) Adverse consequences: (a) Decreased functioning, (b) Observed intoxication, (c) Negative affective state. 2) Impaired control over medication use: (a) Failure to bring in unused medications, (b) Dose escalation without approval of the prescribing doctor, (c) Requests for early prescription refills, (d) Reports of lost or stolen prescriptions, (e) Unscheduled clinic appointments in "distress", (f) Frequent visits to the ED, (g) Family reports of overuse of intoxication. 3) Craving and preoccupation: (a) Non-compliance with other treatment modalities, (b) Failure to keep appointments, (c) No interest in rehabilitation, only in symptom control, (d) No relief of pain or improved function with opioid therapy, (e) Overwhelming focus on opiate issues. 4) Adverse behavior: (a) Selling prescription drugs, (b) Forging prescriptions, (c) Stealing drugs, (d) Using prescription drugs in ways other than prescribed (such as injecting oral formulations), (e) Concurrent use of alcohol or other illicit drugs (as detected on urine screens), (f) Obtaining prescription drugs from non-medical sources." Per the medical records, UDS was performed 1/15/15 and was negative for prescribed hydrocodone. However, at present, it does not appear that the injured worker is prescribed any controlled substances. As such, urine toxicology is not indicated. The request is not medically necessary.