

<b>Case Number:</b>	CM15-0181488		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	06/10/2014
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of June 10, 2014. In a Utilization Review report dated August 20, 2015, the claims administrator failed to approve requests for Norco and Supartz (viscosupplementation) injections. The claims administrator referenced an August 6, 2015 office visit in its determination. The applicant's attorney subsequently appealed. In a handwritten progress note dated August 6, 2015, the applicant reported ongoing complaints of knee pain reportedly attributed to chondromalacia/ degeneration status post earlier open reduction and internal fixation of a proximal tibial fracture. The applicant reported flares of pain. Crepitation about the patella was appreciated. Norco was endorsed. Norco was endorsed, seemingly without any discussion of medication efficacy. Viscosupplementation injection therapy was also endorsed. The applicant was returned to regular duty work (on paper). It was not explicitly stated whether the applicant was or was not working, however. On June 30, 2015, the applicant was again returned to regular duty work. Norco was endorsed. 8/10 pain was reported over the top of the note. The attending provider stated that the applicant's medications were beneficial in terms of attenuating her pain complaints. The attending provider stated that the applicant was in fact working without restrictions toward the bottom of the note and would continue doing so. The note was somewhat difficult to follow. MRI imaging of the knee dated April 7, 2015 was notable for moderate articular cartilage thinning involving the patellar articular surface and medial compartment. Hardware artifact was present about the lateral compartment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** Yes, the request for Norco, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant had returned to and maintained full-time, regular duty work status, the treating provider reported on multiple office visits, referenced above, including office visits of August 6, 2015 and June 30, 2015. The attending provider contended that on June 30, 2015. The attending provider contended that on June 30, 2015 that Norco was appropriately attenuating the applicant's pain complaints and was facilitating the applicant's ability to work without restrictions. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

**Supartz injection to left knee x 5:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg, Criteria for Hyaluronic acid injections.

**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 VISCOSUPPLEMENTATION INJECTIONS.

**Decision rationale:** Similarly, the request for Supartz (viscosupplementation) injections to the left knee was likewise medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Knee Chapter Viscosupplementation Injections topic notes that viscosupplementation injections are recommended in the treatment of moderate-to-severe knee osteoarthritis, as was seemingly present here. Earlier MRI imaging of the knee dated April 7, 2015 did demonstrate multi-compartmental knee osteoarthritis. Moving forward with the proposed Supartz (viscosupplementation) injections at issue was, thus, indicated to ameliorate the same. Therefore, the request was medically necessary.

