

<b>Case Number:</b>	CM15-0187113		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	11/13/2013
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 is a 58 year old female with a date of injury on 11-13-2013. A review of the medical records indicates that the injured worker is undergoing treatment for C5-6 and C6-7 disc degeneration, L4-5 spondylolisthesis with left L5 and S1 paresthesias, status post left knee arthroscopy with chondroplasty (4-18-2014), arthrofibrosis left knee and left knee degenerative joint disease. Medical records (5-11-2015 to 8-19-2015) indicate ongoing low back pain with occasional left calf numbness rated 7 out of 10. The injured worker also complained on constant left knee pain with swelling rated 9 out of 10. She reported ongoing difficulty with activities of daily living. Per the treating physician (8-19-2015), the injured worker was temporarily partially disabled. The physical exam (8-19-2015) revealed palpable tenderness over the L4-5 paraspinal region bilaterally. There was generalized tenderness throughout the left knee. Treatment has included left knee arthroscopy with post-operative physical therapy, left knee cortisone injection and medications. Current medications (8-19-2015) included Pennsaid and Vimovo. The physician noted (8-19-2015) that left knee magnetic resonance arthrogram showed medial compartment and patellofemoral joint arthritis. The request for authorization was dated 8-19-2015. The original Utilization Review (UR) (9-11-2015) denied requests for Pennsaid, Vimovo and a left knee Synvisc One injection. UR approved a request for chiropractic treatment for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pennsaid:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Diclofenac, topical.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Based on the 09/22/15 progress report provided by treating physician, the patient presents with low back and left knee pain. The patient is status post left knee arthroscopy with chondroplasty on 04/28/14. The request is for PENNSAID. Patient's diagnosis per Request for Authorization form dated 08/19/15 includes C5-6 and C6-7 disc degeneration, L4-5 spondylosisthesis with left L5 and S1 paresthesiaa, left knee arthrofibrosis, and left knee degenerative joint disease. Physical examination on 08/19/15 revealed palpable tenderness over the L4-5 paraspinal region bilaterally. There was generalized tenderness throughout the left knee. Treatment to date has included knee surgery, imaging studies, physical therapy, injections and medications. Patient's medications include Pennsaid, Vimovo and Tylenol #3. The patient is temporarily partially disabled, per 09/22/15 report. MTUS Guidelines, Topical Analgesics section, under Non-steroidal anti-inflammatory agents, page 111-112 has the following: The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. This class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). MTUS specifically states there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Pennsaid has been included in patient's medications, per progress reports dated 08/19/15 and 09/22/15, Treater has not provided reason for the request, nor discussed where this medication is applied and with what efficacy. In this case, the patient does present with knee pain for which Pennsaid would be indicated, but also presents with back pain. MTUS guidelines indicate that topical NSAID medications are appropriate for complaints in the peripheral joints. Furthermore, MTUS does not recommend use of NSAIDs topicals for longer than two weeks, and the patient has been prescribed Pennsaid for at least one month, based on progress report dates. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

**Vimovo 500/20 mg Qty 60:** 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) Pain chapter under Vimovo.

**Decision rationale:** Based on the 09/22/15 progress report provided by treating physician, the patient presents with low back and left knee pain. The patient is status post left knee arthroscopy with chondroplasty on 04/28/14. The request is for VIMOVO 500/20 MG QTY 60. Patient's diagnosis per Request for Authorization form dated 08/19/15 includes C5-6 and C6-7 disc degeneration, L4-5 spondylosisthesis with left L5 and S1 paresthesiaa, left knee arthrofibrosis, and left knee degenerative joint disease. Physical examination on 08/19/15 revealed revealed palpable tenderness over the L4-5 paraspinal region bilaterally. There was generalized tenderness throughout the left knee. Treatment to date has included knee surgery, imaging studies, injections and medications. Patient's medications include Pennsaid, Vimovo and Tylenol #3. The patient is temporarily partially disabled, per 09/22/15 report. MTUS and ACOEM Guidelines do not address this request. ODG guidelines, Pain chapter under Vimovo states: not recommended as a first-line therapy. The NSAID/PPI combo is indicated to relieve signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis while decreasing the risks of NSAID-related gastric ulcers in susceptible patients. As with Nexium, a trial of omeprazole and naproxen or similar combination is recommended before Vimovo therapy. Vimovo has been included in patient's medications, per progress reports dated 08/19/15 and 09/22/15. It is not known when this medication was initiated. In this case, the patient does present with degenerative joint disease for which Vimovo would be indicated. However, there is no documentation of GI risk factors to warrant a combination NSAID/PPI therapy. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

#### **Synvisc injection, left knee, Qty 1: 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 - Hyaluronic acid injections.

**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 (Acute & Chronic) Chapter, under Hyaluronic acid injections.

**Decision rationale:** Based on the 09/22/15 progress report provided by treating physician, the patient presents with low back and left knee pain. The patient is status post left knee arthroscopy with chondroplasty on 04/28/14. The request is for SYNVISIC INJECTION, LEFT KNEE, QTY 1. Patient's diagnosis per Request for Authorization form dated 09/22/15 includes left knee arthrofibrosis, and left knee degenerative joint disease. Physical examination on 08/19/15 revealed revealed palpable tenderness over the L4-5 paraspinal region bilaterally. There was generalized tenderness throughout the left knee. Treatment to date has included knee surgery, imaging studies, injections and medications. Patient's medications include Pennsaid, Vimovo and Tylenol #3. The patient is temporarily partially disabled, per 09/22/15 report. ODG Guidelines, Knee & Leg (Acute & Chronic) Chapter, under Hyaluronic acid injections states: "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. Criteria for Hyaluronic acid injections: Generally performed without fluoroscopic or ultrasound guidance; 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." Per 09/22/15 report, treater states, "The patient continues to suffer from severe disabling left knee pain since the time of her industrial injury. Her symptoms have failed to improve with extensive conservative care including lifestyle modifications, medication including NSAID's, physical therapy and corticosteroid injection. MRI arthrogram of the left knee, completed July 22, 2015 shows evidence of cartilaginous thinning and chondromalacia consistent with osteoarthritic changes." Given the patient continues with pain due to osteoarthritic changes confirmed by MRI and diagnosis of degenerative joint disease, this request appears reasonable and in accordance with guidelines. There is no evidence of prior Synvisc injection to the left knee. Therefore, the request IS medically necessary.