

<b>Case Number:</b>	CM15-0190783		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	10/12/2011
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: Texas, Florida, 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 injured worker is a 59 year old male who sustained an industrial injury on 10-12-11. The assessment is knee pain-left, back pain-lumbar, shoulder pain-right, and wrist pain-left. Previous treatment includes transcutaneous electrical nerve stimulation, rest, ice, heat, oral and topical medication, home exercise, wrist splint, at least 2 sessions of physical therapy, left knee injections, use of a cane, and epidural steroid injection. In an office visit dated 9-2-15, the physician notes complaint of left wrist pain, left knee pain and lower back pain. Knee pain is reported to be moderate, constant and sharp and prior to injury, he could squat and climb a ladder but he is now unable to do so. He reports a limp, and inability to walk for fitness, popping, feelings of instability, giving way and weakness. It is reported he completed 2 sessions of physical therapy, 4 weeks of daily home exercise, rest, ice, heat and topical medication which were not effective. A Cortisone injection to the left knee (8-22-14) was minimally effective at 25% and Supartz series (10-29-14) was moderately effective, briefly. It is noted that left knee surgery was recommended but not approved and that his overall trend is that it is worsening. Low back pain is noted to radiate to the left lower extremity. Current medications are Lantus, Benazepril HCL, Tramadol- (also noted on 1-24-14) and Metformin HCL. It is noted that Tramadol is effective. Physical findings reveal lumbar paraspinal muscle tenderness to palpation muscle spasm and point tenderness. The right Biceps has a known right biceps rupture. The left wrist has mild tenderness to palpation. The left knee reveals mild swelling, minimal tenderness to palpation, persistent pain with ambulation, stabbing pain intermittently with walking and flexion-extension activities, crepitus, moderate effusion, a positive patellar grind and

McMurray's test, and an antalgic gait with a shortened stance. Current work status is that he is off work due the employer being unable to accommodate work status. On 9-23-15, the requested treatment of ultrasound guided Supartz injection series of 5 to the left knee was modified to 1 Supartz injection series of 5 to the left knee and retrospective request (date of service 9-2-15) of Tramadol 50mg #30 was non certified.

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

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

#### **Ultrasound guided Supartz injection series of 5 to the left knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute & Chronic) - 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, under Hyalgan/Synvisc Knee Injections.

**Decision rationale:** There have been past left knee injections of largely unknown type, and objective functional improvement outcomes. It is noted that one trial of Supartz in 2014 gave only short term benefit. The MTUS is silent on these injections. The ODG note these injections are recommended as an option for osteoarthritis. They note that patients with moderate to severe pain associated with knee osteoarthritis OA that is not responding to oral therapy can be treated with intra-articular injections. The injections are for those who experience significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications). The injections were tried, and were without long term success. This would be the basis in my view for not medically necessary under the MTUS guides.

#### **Retrospective request: Tramadol HCL 50mg #30 (DOS 9/2/15): Upheld**

**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 for chronic pain.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines: Pain interventions and treatments Page 12, 13, 83 and 113 of 127. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long term use is therefore not supported. The request is not medically necessary.