MAXIMUS Federal Services

Case Number:	CM15-0191690		
Date Assigned:	10/29/2015	Date of Injury:	10/03/2005
Decision Date:	12/09/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/29/2015

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:

The injured worker (IW) is a 52 year old male, who sustained an industrial injury on 10-03-2005. The injured worker is being treated for bilateral knee osteoarthritis. Treatment to date has included viscosupplementation injections, (9-2014 with reported significant relief of symptoms), surgical intervention (right knee arthroscopic surgery, 2005 a second surgery in 2007), chiropractic care, medications, work restrictions diagnostics, physical therapy and corticosteroid injections. Per the Primary Treating Physician's Progress Report dated 8-18-2015, the injured worker presented for follow-up for bilateral knee osteoarthritis. "We are attempting to delay total knee arthroplasty." He did have an excellent response to viscosupplementation to his knees. The pain has returned. He reports continued knee pain, pain with ambulation and stair climbing. Objective findings of the right knee included tenderness to palpation over the medial and lateral joint lines and lateral patellar facets. He does have assist in the popliteal fossa. Range of motion is from lacking 10 degrees and he flexes to 115 degrees. He is stable to varus and valgus stress. Examination of the left knee revealed range of motion from 10 degrees to 120 degrees. He does have an effusion present. There is tenderness to palpation of the medial and lateral joint lines and lateral patellar facets with weakness secondary to pain. Although an "excellent response" to prior injections is documented, there are no documented measures of functional improvement including a decrease in symptoms, increase in activities of daily living or decrease in pain level attributed to the prior injections. Work status was not documented at this visit. The plan of care included, and authorization was requested on 8-18-2015 for six bilateral knee Synvisc injections (three for each knee) and Prilosec, LidoPro and Voltaren (unknown prescriptions). On 9-01-

2015, Utilization Review non-certified the request for six bilateral knee Synvisc injections (three for each knee) Prilosec, and LidoPro and conditionally non-certified the request for Voltaren.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 bilateral knee synvisc injections (3 for each 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, Knee and Lower Leg (Acute and Chronic): Hyaluronic Acid Injections (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic Acid Injections, pages 311-313.

Decision rationale: Published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. ODG states that higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to visco-supplementation is likely small and not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommends Hyaluronic acid injections as an option for osteoarthritis; however, 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. The patient has positive tenderness of patella facets with patellofemoral crepitus. Submitted reports have not demonstrated clear supportive clinical findings or imaging of severe osteoarthritis for the injection request. Additionally, while Hyaluronic intra-articular injections may be an option for severe osteoarthritis, it is reserved for those with failed non-pharmacological and pharmacological treatments or is intolerant to NSAIDs therapy with repeat injections only with recurrence of severe symptoms post-injection improvement of at least 6 months, not demonstrated here. The patient continues on NSAIDs Voltaren along with Lidopro topical. Previous injection in September 2014 was noted to provide significant relief; however, report has no mention of VAS level, decrease in pharmacological intervention, or duration of benefit as report of January 2015, 3 months later, showed increased tenderness and symptoms in the knees. Work status is also not provided. The 6 bilateral knee synvisc injections (3 for each knee) is not medically necessary and appropriate.

Unknown prescription of Prilosec: 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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Proton pump inhibitor (PPI) medication is for treatment of the problems associated with active gastric ulcers, erosive esophagitis, Barrett's esophagitis, or in patients with pathologic hypersecretion diseases. Although preventive treatment is effective for the mentioned diagnosis, studies suggest; however, nearly half of PPI prescriptions are used for unapproved or no indications. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for PPI namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Long term use of PPIs have potential increased risks of B12 deficiency; iron deficiency; hypomagnesemia; susceptibility to pneumonia, enteric infections, fractures, hypergastrinemia and cancer, and cardiovascular effects of myocardial infarction (MI). In the elderly, studies have demonstrated increased risk for Clostridium difficile infection, bone loss, and fractures from long-term use of PPIs. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any identified history of acute GI bleeding, active ulcers, or confirmed specific GI diagnosis criteria to warrant this medication. The Unknown prescription of Prilosec is not medically necessary and appropriate.

Unknown prescription of LidoPro ointment: 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): Topical Analgesics.

Decision rationale: Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain in multiple joints with the chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There are no evidenced-based studies to indicate efficacy of capsaicin 0.0325% formulation and that this increase over a 0.025% formulation would provide any further efficacy over oral delivery. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesic. The Unknown prescription of LidoPro ointment is not medically necessary and appropriate.