

<b>Case Number:</b>	CM15-0199887		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	02/25/2011
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 50 year old female, who sustained an industrial-work injury on 2-25-11. A review of the medical records indicates that the injured worker is undergoing treatment for injury to the left knee. Medical records dated 9-28-15 indicate that the injured worker had Hyaluronate injection done to the left knee which lasted 6 months in reduction of the left knee pain, increased mobility and activities of daily living (ADL). The physician indicates that walking has increased as the severity of pain has decreased with bracing. She continues to use a walker for long walks. She complains of headaches, neck pain, head pain, stiffness and soreness. She reports muscle and joint pain. The pain is rated 6 out of 10 on the pain scale at its worst. The medical records also indicate that activities of daily living (ADL) continue to be easier in regard to weight bearing activities due to the current treatments. She is able to remain out of bed for 6-7 hours, walk for 5-6 hours, fold laundry 30 -40 minutes and do exercises for 20 -30 minutes with medications. The physical exam dated 9-28-15 reveals that there is a brace on the left knee, without the brace her balancing was reduced and weight bearing was transferred to the upper extremities. The bilateral knees have decreased flexion. The right knee reveals pain with tandem gait, toe walking and heel walking. She is unable to balance on the right leg and unable to squat. Treatment to date has included pain medication, Topiramate which reduced the severity of pain and headaches since at least May 2015 and Pennsaid Diclofenac 2% which reduced the severity of the knee pain by greater than 75 percent since at least May 2015, left knee injections, water exercise, and other modalities. The request for authorization date was 9-28-15 and requested services included Supartz Hyaluronate Acid

Injection Right Knee, Topiramate 150mg quantity 30 and Pennsaid Diclofenac 2% 3.8 fluid oz. The original Utilization review dated 10-9-15 non-certified the request for Supartz Hyaluronate Acid Injection Right Knee, Topiramate 150mg quantity 30 and Pennsaid Diclofenac 2% 3.8 fluid oz.

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

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

#### **Supartz Hyaluronate Acid Injection Right 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 Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter and pg 36.

**Decision rationale:** According to the guidelines, Supartz injections are recommended for those who meet the arthritis criteria. The claimant does meet the age and exam as well as history criteria for arthritis in the left knee. The claimant received a prior injection in April 2015 which lasted her 6 months for the left knee. The request for an injection to the right knee is not substantiated however and is not medically necessary.

#### **Topiramate 150mg quantity 30: 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): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head chapter and pg 9.

**Decision rationale:** Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. In this case, the claimant did not tolerate other anti-epileptics or anti-depressants. The claimant developed seizures from SSRI. The claimant had headaches as well which benefit from the Topiramate. The continued use of Topiramate is medically necessary.

#### **Pennsaid Diclofenac 2% 3.8 fluid oz: Upheld**

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

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

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Pennsaid is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does have arthritis but long term use of Pennsaid is not indicated . There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. In addition there is conflicting information that Pennsaid provided 75% improvement in pain but the claimant still requires Supartz injections. The continued use of Pennsaid is not medically necessary.