

Case Number:	CM15-0211637		
Date Assigned:	10/30/2015	Date of Injury:	08/30/2011
Decision Date:	12/18/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/28/2015

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, 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 66-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of August 30, 2011. In a Utilization Review report dated October 6, 2015, the claims administrator failed to approve requests for a topical compounded agent and Synvisc injections. The claims administrator referenced a September 15, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 15, 2015 office visit, physical therapy, the topical compounded agent in question, and viscosupplementation injection therapy were all seemingly sought. On an associated September 15, 2015 office visit, the applicant reported bilateral knee pain, highly variable, 4-8/10. The attending provider stated that the applicant had recently received extracorporeal shock wave therapy to the knees. The applicant was given diagnosis of bilateral knee internal derangement versus bilateral knee meniscal tears versus bilateral knee degenerative joint disease. The attending provider did not state how the diagnosis of degenerative joint disease had been arrived upon, however. The topical compounded agent and 3 viscosupplementation injections were sought. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitation in place. The attending provider did not state whether the applicant had or had not had prior viscosupplementation injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Lidocaine 5%/Amitriptyline 5% 180 gram cream x1: 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): Introduction, Topical Analgesics.

Decision rationale: No, the request for a flurbiprofen-lidocaine-amitriptyline-containing topical compound was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine, i.e., the secondary ingredient in the compound, is recommended as an option in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of therapy with antidepressants and/or anticonvulsants, here, however, the September 15, 2015 office visit stated that the applicant's primary presenting complaint was mechanical knee pain secondary to suspected knee internal derangement versus knee meniscal derangement versus knee degenerative joint disease. None of the foregoing, however, are conditions classically associated with neuropathic pain, which, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines are characterized by symptoms such as lancinating, electric shock like, numbing, tingling, and/or burning sensations, i.e., sensations which were not reported as present on the September 15, 2015 office visit at issue. Since the lidocaine component of the compound was not indicated, the entire compound was not indicated, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Synvisc Injections, Bilateral Knees x3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines 13th Edition.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg. 687 Recommendation: Intra-articular Knee Viscosupplementation Injections for Moderate to Severe Knee Osteoarthritis Intra-articular knee viscosupplementation injections are recommended for treatment of moderate to severe knee osteoarthritis. Indications Knee pain from osteoarthritis that is unsatisfactorily controlled with NSAIDs, acetaminophen, weight loss, or exercise strategies.

Decision rationale: Similarly, the request for Synvisc (viscosupplementation injections) to the bilateral knees was likewise not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 13, page 339 notes that invasive techniques and injections, as a class, are "not routinely indicated." While the Third Edition ACOEM Guidelines Knee Disorders Chapter acknowledges that viscosupplementation (Synvisc) injections are indicated in the treatment of moderate-to-severe knee osteoarthritis in applicants in whom

arthritic pain is unsatisfactorily controlled with NSAIDs, Tylenol, weight loss, or exercise strategies, here, however, the attending provider's September 15, 2015 progress note did not clearly outline how (or if) the diagnosis of moderate-to-severe knee arthritis had been established. There was no mention of the applicant's having x-rays present on the September 15, 2015 date of service which would corroborate or substantiate the stated diagnosis of knee arthritis. The attending provider's commentary on September 15, 2015 to the effect that the applicant had suspected internal derangement of the knee versus meniscal derangement of the knee versus knee degenerative joint disease suggested that the attending provider had not formulated a clear operating diagnosis here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant's response to prior Synvisc injections (if any) was not clearly described or characterized on the September 15, 2015 office visit at issue. Therefore, the request was not medically necessary.