

<b>Case Number:</b>	CM15-0225648		
<b>Date Assigned:</b>	11/24/2015	<b>Date of Injury:</b>	06/10/2014
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 43 year old male, who sustained an industrial injury on 6-10-2014. A review of the medical records indicates that the injured worker is undergoing treatment for status post open reduction fracture of the left proximal tibia. On 10-22-2015, the injured worker reported very swollen left leg with pain rated 7-8 out of 10. The Primary Treating Physician's report dated 10-22-2015, noted the physical examination showed tenderness to the left knee along the joint line with positive left patella compression. Prior treatments have included non-steroid anti-inflammatory drugs (NSAIDs), physical therapy, home exercise, and Supartz injections. The treatment plan was noted to include PRP injection to the left knee and continued medications. The injured worker's work status was noted to be instructed to continue working with no limitations or restrictions. The request for authorization dated 10-31-2015, requested PRP injection to the left knee and Norco 10-325mg #120. The Utilization Review (UR) dated 11-10- 2015, non-certified the request for PRP injection to the left knee and modified the request for Norco 10-325mg #120 to potentially support a weaning protocol at 10 percent over a four-week period to a quantity of 108.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRP Injection to 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 & Leg, Platelet-rich plasma (PRP).

**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), Platelet-rich plasma (PRP).

**Decision rationale:** The claimant sustained an injury to the left knee in June 2014 when he fell from a ladder. He underwent ORIF of a left proximal tibial fracture. In April 2015 he had developed right knee pain which had progressively worsened over the past month. An MRI of the left knee in April 2015 included findings of moderate articular cartilage thinning of the patella and medial compartment. When seen in October 2015 he had pain rated at 7-8/10. Physical examination findings included left knee joint line tenderness with positive patellar compression and his knee was very swollen. Norco was continued. Authorization for a PRP injection was requested. The report references having failed NSAIDs and physical therapy including a home exercise program. Criteria for an intra-articular platelet-rich plasma (PRP) injection are mild to moderate osteoarthritis that has not responded adequately to recommended conservative non-pharmacologic and pharmacologic treatments or when there is intolerance of these therapies after at least 6 months, not attributed to other forms of joint disease, and a failure to adequately respond to aspiration and injection of intra-articular steroids. A single injection can be recommended. In this case, the claimant has chondromalacia of the patella and medial compartment. There is no diagnosis of osteoarthritis. Additionally, although physical therapy is referenced, there are no documented treatments since April 2015 when his symptoms worsened and he has not undergone a corticosteroid injection. For any of these reasons, a PRP injection is not medically necessary.

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

**Decision rationale:** The claimant sustained an injury to the left knee in June 2014 when he fell from a ladder. He underwent ORIF of a left proximal tibial fracture. In April 2015 he had developed right knee pain which had progressively worsened over the past month. An MRI of the left knee in April 2015 included findings of moderate articular cartilage thinning of the patella and medial compartment. When seen in October 2015 he had pain rated at 7-8/10. Physical examination findings included left knee joint line tenderness with positive patellar compression and his knee was very swollen. Norco was continued. Authorization for a PRP injection was requested. The report references having failed NSAIDs and physical therapy including a home exercise program. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed

as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not medically necessary.