

<b>Case Number:</b>	CM15-0034566		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	03/26/2008
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 was a 50 year old male, who sustained an industrial injury, March 26, 2008. According to progress note of January 9, 2015, the injured workers chief complaint was of bilateral knee pain. The injured worker was starting other popping and clicking in the knees. The injured worker was also suffering from stiffness in the neck and lower back. The symptoms were worse in the morning and at the end of the day. The injured worker was diagnosed with cervical and lumbar strain/sprain, internal derangement of the right knee with meniscal tear and arthritic changes, arthritic changes of the left knee. The injured worker previously received the following treatments chiropractic services, pain medication, physical therapy, Hyalgan injections times 2, x-rays of both knees, MRI of the right knee, TENS (transcutaneous electrical nerve stimulator) unit, bilateral knee braces, heat and cold wraps and weight loss. On January 9, 2015, the primary treating physician requested authorization for Hyalgan injection to the left and right knees, x-ray of the left knee, LidoPro ointment 121 grams and urine drug screen. On February 2, 2015, the Utilization Review denied authorization for Hyalgan injection to the left and right knees, x-ray of the left knee, LidoPro ointment 121 grams and urine drug screen. The denial was based on the MTUS/ACOEM and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Hyalgan Injection to the left and 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 (ODG), Knee and Leg Chapter, 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) Hyaluronic acid injections.

**Decision rationale:** According to the ODG, hyaluronic acid intra-articular injections are recommended as a possible option for severe osteoarthritis (OA) for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs, or acetaminophen). The combined use of hyaluronate injections with a home exercise program should be considered for management of moderate to severe pain in patients with OA of the knee. Pain from OA of the knee that is not responding to oral therapy can be treated with intra-articular injections. If there is a documented significant improvement in symptoms for 6 months or more and symptoms recur, it may be reasonable to undergo another series of injections. Intra-articular injections of hyaluronate are associated with delayed onset of analgesia but a prolonged duration of action vs injections of corticosteroids. In this case, the patient has had 2 injections of the left knee without documentation of improvement for 6 months or more. Regarding the right knee, the patient has recently been approved for physical therapy and this should be completed prior to consideration for injection therapy. There is no documentation of current right and left knee symptoms, physical exam findings or recent treatment history. Medical necessity for the requested services is not established. The requested services are not medically necessary.

### **X-rays 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 Chapter, Radiography section.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Radiography Knee.

**Decision rationale:** The ODG recommends a knee x-ray if a fracture is considered. Patients should have radiographs if the Ottawa criteria are met. Among the 5 decision rules for deciding when to use plain films in knee fractures, the Ottawa knee rules (injury due to trauma and age >55 years, tenderness at the head of the fibula or the patella, inability to bear weight for 4 steps, or inability to flex the knee to 90 degrees) have the strongest supporting evidence. A negative result on an Ottawa knee rule test accurately excludes knee fractures after acute knee injury. The clinical parameters used for not requiring an x-ray following knee trauma are: patient is able to walk without a limp, and the patient had a twisting injury and there is no effusion. The clinical parameters for ordering knee x-rays following trauma include: joint effusion within 24 hours of direct blow or fall, and the Ottawa criteria above. Normal x-ray results can be expected in the absence of immediate swelling, ecchymosis, deformity, increased warmth, or abrasion/laceration.

A fracture can be excluded if the single lateral view of the knee is normal, eliminating the need for additional radiographic views. Of note, soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. In this case, the documentation indicates the patient underwent an x-ray on 01/09/15 which revealed less than 1mm of articular surface remaining. However, it was not stated what body part was x-rayed. (There was a notation made of MRI results demonstrating arthritic changes, especially of the right knee, with no date provided.) There is no specific indication for the requested x-ray of the left knee and the request does not meet the ODG criteria. Medical necessity for the requested x-ray(s) of the left knee has not been established. The requested x-ray is not medically necessary.

**Lidopro ointment 121gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Topical Analgesics.

**Decision rationale:** According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, there is no documentation of intolerance to other previous oral medications. MTUS guidelines state that NSAIDs, lidocaine, capsaicin and/or muscle relaxants are not recommended for topical applications. In this case, the requested topical analgesic compound is LidoPro ointment. The ingredients of this compound are Capsaicin, Lidocaine, Menthol, and Methyl salicylate. Lidocaine topical agents are not indicated for treatment of neuropathic or non-neuropathic pain (except for the Lidoderm patch). Capsaicin is recommended only as an option in patients who have not responded to or are intolerant to other treatments. Medical necessity for the topical analgesic has not been established. The requested topical analgesic is not medically necessary.

**Urine Drug Screen:** 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), Urine drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing.

**Decision rationale:** According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, the patient is not maintained on opioid therapy and a thorough rationale behind the requested urine drug screen is not provided. Medical necessity for the requested test has not been established. The requested item is not medically necessary.