

<b>Case Number:</b>	CM15-0049016		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	11/03/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: Connecticut, California, Virginia  
 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 injured worker is a 48 year old female who sustained a work related injury November 3, 2012. While walking down a dirt slope, she slid and has constant pain to her left knee. She had been treated with medication and physical therapy. Past history includes diabetes, hyperlipidemia, gastroesophageal reflux disease, irritable bowel syndrome, and hypertension. According to a primary treating physician's progress report, dated February 11, 2015, the injured worker presented with left knee pain and is limping with a cane. The handwritten notes are not legible to this reviewer. Diagnosis is documented as s/p left knee surgery September, 2013. Treatment plan included request for a series of 3 Synvisc injections to the left knee (last series May, 2014) and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain and treatment in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. March 4, 2015, Utilization Review denied certification for Norco, indicating that multiple prior reviews had recommended weaning and the request was for the usual full dose, rather than a decreased dose as would be indicated in weaning. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. In this case, the patient had minimal subjective report of pain improvement (8/10 to 7/10) with chronic Norco use, but the provided notes show evidence of actual functional improvement (return to work, etc) on the medication. More importantly, the patient has a clear history of gastrointestinal issues, to include constipation, which is arguably tied to chronic opioid treatment. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly has concerns warranting close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids) must be a focus of care. More detailed expectations should be outlined with the patient regarding the treatment plan and follow up scheduling working to decrease opioid dependency. Consideration of other pain treatment modalities and adjuvants is also recommended. Given the past recommendations for consideration of weaning, especially in light of lacking evidence of functional improvement, the request for medications currently requested is not considered in the opinion of this reviewer to be medically necessary and appropriate.

### **1 Repeat series of 3 Synvisc Injections to the Left Knee (6ml/48mg): Overturned**

**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 (Acute & Chronic).

**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, hyaluronic acid injections.

**Decision rationale:** The MTUS does not include recommendations regarding use of hyaluronic acid injections, and therefore the ODG guidelines provide the preferred mechanism for assessment of medical necessity in this case. The ODG criteria for hyaluronic acid injections include significant symptomatic osteoarthritis without adequate response to recommended conservative treatment (exercise, etc.) and pharmacologic treatments or intolerance to these therapies after at least three months. The criteria also include pain interfering with functional activity and failure to respond to steroid injections. The patient had a series of injections in 2014 and the provided documents indicate ability to walk increased from one block to three blocks for several months following the injection series. While the patient did not meet the recommended

"six-month" symptom improvement, given the chronicity of the injury in this case and the overall numerous failed treatment modalities, a repeat series may be considered indicated. In this case, within the limitations of the provided medical records and in-line with the expectation that opioid weaning will be a primary focus of further care, there is sufficient evidence to support a repeat treatment request for hyaluronic acid injections. Therefore, the request for 1 Repeat series of 3 Synvisc Injections to the Left Knee (6ml/48mg) is medically necessary.