

<b>Case Number:</b>	CM15-0053555		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 41-year-old female who reported an injury on 09/12/2012. The mechanism of injury was not stated. The current diagnosis is right knee pain. The injured worker presented on 12/05/2014 for a followup evaluation with complaints of 4/10 pain with medication and 7/10 pain without medication. The injured worker's quality of sleep was fair and activity level had remained the same. The injured worker was actively participating in physical therapy. The current medication regimen includes Voltaren gel, Duexis, Pennsaid 2%, Norco and Tylenol. Upon examination, there was negative straight leg raise, a right sided antalgic gait, restricted range of motion of the right knee, tenderness over the medial and lateral joint line, patellar tenderness, negative patellar grind test, medial joint line tenderness over the left knee, 5/5 motor strength, and intact sensation. Recommendations at that time included continuation of the current medication regimen. A Request for Authorization form was then submitted on 12/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Steroid 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:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

**Decision rationale:** The Official Disability Guidelines recommend an intra-articular corticosteroid injection for patients with documented symptomatic severe osteoarthritis of the knee. There should be evidence that pain interferes with functional activities and is not adequately controlled with recommended conservative treatment. In this case, it was noted that the injured worker was actively participating in physical therapy. There was no documentation of an inadequate response to conservative management prior to the request for an injection. In addition, there was no documentation of symptomatic severe osteoarthritis of the knee. Given the above, the request is not medically appropriate.

**Voltaren 1% gel Qty 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics: Non-steroidal antiinflammatory agents (NSAIDs) Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** The California MTUS Guidelines state the only FDA approved topical NSAID is diclofenac 1% gel, which is indicated for the relief of osteoarthritis pain. The injured worker does not maintain a diagnosis of osteoarthritis. The injured worker has also utilized the above medication since 09/2014 without any evidence of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.

**Duexis 800/26.6 mg Qty 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. In this case, there was no documentation of an acute flare up of pain. Guidelines would not support long term use of NSAIDs. The medical necessity for a combination medication has not been established. There is also no frequency listed in the request. As such, the request is not medically appropriate.

**Norco 5/325 mg Qty 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There was no documentation of a failure of nonopioid analgesics. Recent urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There is also no frequency listed in the request. As such, the request is not medically appropriate.