

<b>Case Number:</b>	CM15-0062337		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	10/28/2008
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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

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 53-year-old male, who sustained an industrial injury on October 28, 2008. He reported injuries to the bilateral shoulders (impingement), bilateral knees (osteoarthritis, severe), right elbow strain and right ankle. He has been treated conservatively and surgically without complete resolution of the pain. Comorbid conditions include obesity (BMI 33.0), migraines, major depression and lumbar degenerative disc disease with chronic low back pain. Treatment to date has included radiographic imaging, diagnostic studies, multiple surgical interventions of the bilateral knees, right shoulder and right wrist, physical therapy, synvisc injections (twice to left knee and multiple times to right knee), steroid injections, home exercises, medications and work restrictions. Evaluation on March 12, 2015, revealed continued pain in the shoulders and knees, and complaints of bilateral low back pain radiating into the hip and lower extremities, right foot drop, achiness in the shoulders and pain and locking up in the right knee. He noted walking with a cane and wearing a knee brace for support. Additional surgical intervention of the knee was discussed. It was noted he wished to hold off as long as possible. Synvisc injection to the knee was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 Voltaren gel 1%:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); Topical Analgesics Page(s): 67-73, 111-13.

**Decision rationale:** Diclofenac Sodium Gel (Voltaren Gel) is a non-steroidal anti-inflammatory (NSAIDs) medication formulated for topical use. The systemic form of this medication is indicated for treatment of mild to moderate pain. Topical NSAIDs have been effective in short-term use trails for chronic musculoskeletal pain but long-term use has not been adequately studied. In general, the use of topical agents to control pain is considered an option by the MTUS although it is considered largely experimental, as there is little to no research to support their use. Topical NSAIDs are primarily recommended for treatment of osteoarthritis and tendonitis. This patient has been diagnosed with shoulder tendonitis and severe knee osteoarthritis. Additionally, the patient is not taking a NSAID medication orally but is on a large number of medications for his other disease processes. The addition of a topical NSAID to this therapy may simplify drug-drug interaction as well as decrease his pain. However, the provider has prescribed two topical forms of this medication, but did not provide reasoning for this. Only one form would be appropriate for use and the ease of use of a gel over a patch suggests this formulation would be best. Medical necessity for use of this preparation has been established. Therefore, this request is medically necessary.

**30 Flector patches 1.3%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); Topical Analgesics Page(s): 67-73, 111-13.

**Decision rationale:** Diclofenac Sodium patch (Flector Patch) is a non-steroidal anti-inflammatory (NSAIDs) medication formulated for topical use. The systemic form of this medication is indicated for treatment of mild to moderate pain. Topical NSAIDs have been effective in short-term use trails for chronic musculoskeletal pain but long-term use has not been adequately studied. In general, the use of topical agents to control pain is considered an option by the MTUS although it is considered largely experimental, as there is little to no research to support their use. Topical NSAIDs are primarily recommended for treatment of osteoarthritis and tendonitis. This patient has been diagnosed with shoulder tendonitis and severe knee osteoarthritis. Additionally, the patient is not taking a NSAID medication orally but is on a large number of medications for his other disease processes. The addition of a topical NSAID to this therapy may simplify drug-drug interaction as well as decrease his pain. However, the provider has prescribed two topical forms of this medication, but did not provide reasoning for this. Only one form would be appropriate for use and the ease of use of a gel over a patch suggests a patch formulation would not be best. Medical necessity for use of this preparation has not been established. Therefore, this request is not medically necessary.

## **1 Synvisc injection for the 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338-9, 346-7. Decision based on Non-MTUS Citation American Academy of Orthopedic Surgeons Clinical Practice Guideline: Treatment of Osteoarthritis of the Knee, 2nd edition, pg 9-10.

**Decision rationale:** Viscosupplementation is a procedure in which hyaluronic acid (Synvisc) is injected into the knee joint. Hyaluronic acid is a naturally occurring substance found in synovial (joint) fluid. The concept for its use is that since it acts as a lubricant for the knee joint, injecting more of it into the joint should enable smoother motion of the joint and improve the shock absorber effect for joint loads thus decreasing the patient's pain. However, the American Academy of Orthopedic Surgeons reviewed the literature on this procedure and noted no statistically significant improvement with this therapy. They gave a strong recommendation against using hyaluronic acid for patients with symptomatic osteoarthritis of the knee. As there is no scientific evidence or clinical practice guideline support for this procedure, medical necessity to use viscosupplementation has not been established. Therefore, this request is not medically necessary.