

Case Number:	CM14-0082133		
Date Assigned:	07/21/2014	Date of Injury:	08/17/2010
Decision Date:	09/19/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/03/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54-year-old male with a reported date of injury on 08/17/2010. The injury reportedly occurred when the injured worker's left foot and toes were struck by a metal column that weighed approximately 3.4 tons. His diagnoses were noted to include left knee posttraumatic osteoarthritis, right foot multiple fractures, right talus avascular necrosis, left knee meniscal tear, status post arthroscopy, left knee posttraumatic medial compartment osteoarthritis, rule out new meniscal tear to the left knee, left shoulder partial rotator cuff tear, rule out full thickness tear, lumbar disc herniation with lower left extremity radicular pain, inguinal hernia, and psychiatric condition. His previous treatments were noted to include a hinged knee brace, cortisone injections, and medications. The progress note dated 04/24/2014 revealed the injured worker complained of pain to his left knee rated 7/10. The injured worker indicated his pain level with medications was 7/10 to 8/10. The physical examination revealed the injured worker ambulated and moved about the examination room with the help of a cane. The provider indicated the injured worker had failed a cortisone injection and that he had a moderate amount of osteoarthritis and was not ready for a knee replacement. The Request for Authorization form dated 05/12/2014 was for Supartz injection times 5 for the left knee due to left knee post-traumatic osteoarthritis and Flurbiprofen/Cyclobenzaprine/Menthol cream 20%/10%/4%, 180 gm to aid in restoring function in order to adequately perform his activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injections, left knee x 5: 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 & Leg (updated 3/31/14), 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), Knee and Leg, Hyaluronic Acid injections.

Decision rationale: The injured worker has moderate osteoarthritis to the left knee. The Official Disability Guidelines recommend hyaluronic acid injections as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatment such as exercise, non-steroidal anti-inflammatory drugs (NSAIDs), or acetaminophen, to potentially delay total knee replacement, but in recent quality studies, the magnitude of improvement appears modest at best. The guidelines criteria for hyaluronic acid injections is that patients experience significantly symptomatic osteoarthritis have not responded adequately to recommended conservative nonpharmacologic and pharmacologic treatments or are intolerant of these therapies. There must be documentation of symptomatic severe osteoarthritis of the knee which may include bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, no palpable warmth of synovium, and over 50 years of age. The pain must interfere with functional activities and not be attributed to other forms of joint disease. There must be failure to adequately respond to aspiration and injection of intra-articular steroids, and it is generally performed without fluoroscopic or ultrasound guidance. The guidelines state repeat series of injections are recommended if documented significant improvement in symptoms for 6 months or more, and if symptoms recur, it may be reasonable to do another series. The guidelines state hyaluronic acid injections are not recommended for any other indications such as chondromalacia patella, facet joint arthropathy, osteochondritis dissecans, or patella foraminal arthritis, patella foraminal syndrome, plantar nerve entrapment syndrome, or for use in joints other than the knee. There is a lack of documentation regarding symptoms of severe osteoarthritis such as bony enlargement, bony tenderness, crepitus, less than 30 minutes of morning stiffness, no palpable warmth of synovium, and over 50 years of age. Therefore, the request is not medically necessary.

Flurbiprofen/Cyclobenzaprine/Menthol cream 20 %, 10%, 4 %, 180 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 4/10/14), Compound drugs.

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

Decision rationale: The request for flurbiprofen/cyclobenzaprine/menthol cream, 20% / 20% / 4%, 180 gm, is not medically necessary. The injured worker has been utilizing this medication to control symptoms and aid in restoring function. The California Chronic Pain Medical Treatment Guidelines indicate topical analgesics are largely experimental in use with few

randomized control trials to determine efficacy or safety. The guidelines primarily recommended topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Topical NSAIDs have been shown in Meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with the diminishing effect over another 2 week period. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. This agent is not currently FDA-approved for topical application. The FDA-approved routes of administration for flurbiprofen included oral routes and ophthalmic solution. The guidelines do not recommend the topical use of cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. The guidelines state any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended, and flurbiprofen and cyclobenzaprine are not recommended as topical analgesics. As such, the request is not medically necessary.