

<b>Case Number:</b>	CM14-0055550		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/02/2007
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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. 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: Physical Medicine & Rehab

### 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 patient is a 54 year old male with an injury date of 05/02/07. Based on the 03/20/14 progress report, the patient complains of back pain and bilateral knee pain. The patient has severe right knee pain and impaired for a long time. The patient has difficulty standing from a seated position and a limp favoring the right lower extremity. There is tenderness to right knee joint line, crepitation over the patella with range of motion. The patient has positive patella compression which is worse on the right side and right knee swelling. The diagnoses are: 1. Lumbar myalgia superimposed with disc disease. 2. Lumbosacral Neuritis/Radiculitis. The treatment plan is to request Visco supplementation injection and refills for Norco, Naproxen, and Omeprazole. Based on the 06/26/14 report, the patient's pain level is at 7-8/10 and swelling to the left knee. The treating physician is requesting for Norco 10/325mg #60, Naproxen 550mg #60, Omeprazole 20mg #60, and Viscosupplementation injection. The utilization review determination being challenged is dated 04/17/14. The requesting physician provided treatment reports on 03/20/14 and 06/26/14.

### 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 Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88, 89.

**Decision rationale:** This patient presents with back pain and bilateral knee pain. The request is for Norco 10/325mg #60. The request was certified by utilization review letter dated 04/17/14 with modification to Norco 10/325mg #45. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. According to utilization review letter dated 04/17/14, the patient has been using Naproxen and Hydrocodone since at least July 2009. However, none of the reports show documentation of pain assessment using a numerical scale describing the patient's pain and function. No outcome measures were provided as well as specific ADL's and return to work discussion. There is lack of sufficient documentation demonstrating efficacy from chronic opiate use. The request is not medically necessary.

**Naproxen 550mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications Page(s): 60, 61, 22.

**Decision rationale:** This patient presents with back and bilateral knee pain. The request is for Naproxen 550mg #60. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, review of the reports does not show documentation of functional benefit or pain reduction from Naproxen. None of the reports discuss medication efficacy although it's been used for long-term. The request is not medically necessary.

**Omeprazole 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** This patient presents with back and bilateral knee pain. The request is for Omeprazole 20 mg #60. Review of reports does not show how long this patient has been on this medication. MTUS pg 69 NSAIDs, GI symptoms & cardiovascular risk (MTUS pg 69) states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, there is no information regarding history of peptic ulcers, GI bleeding, or perforation. GI risk assessment is not provided. The reports do not discuss any GI symptoms such as heart burns, or gastritis for which this medication may be indicated. The request is not medically necessary.

**Right knee viscosupplementation injection:** 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 (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 states: "Hyaluronic acid injections.

**Decision rationale:** This patient presents with back and bilateral knee pain. The request is for Viscosupplementation Injection. Review of the reports does not show that this patient has had prior such injections. ODG-TWC, Knee Chapter states: "Hyaluronic acid injections: Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best... While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain)." In this case, while the patient has crepitation and swelling, there are no X-rays, MRI's showing severe arthritis of the knee. None of the reports discuss radiographic findings of significant osteoarthritis. There is no discussion that these injections are to potentially delay knee replacement. The request is not medically necessary.