

<b>Case Number:</b>	CM15-0171918		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	09/22/2009
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: Emergency 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:

This 43 year old male sustained an industrial injury on 9-22-09. Documentation indicated that the injured worker was receiving treatment for ongoing bilateral knee pain and bilateral chondromalacia. Previous treatment included right knee arthroscopy (2011), physical therapy, lubrication shots and medications. In a progress note dated 4-6-15, the injured worker reported that "lubrication shots" that he finished in the fall of 2014 helped for roughly six months. The injured worker had been recommended for "some type of cartilage procedure." The injured worker had a physically demanding job and had opted to treat his symptoms conservatively. The injured worker was ready to pursue another series of shots. In a progress note dated 7-29-15, the injured worker complained of ongoing chronic knee pain. The injured worker reported that his knees "were actually okay" at this time. Physical exam was remarkable for tenderness to palpation to bilateral knee joint lines and 5+ motor strength in the quadriceps and hamstring. The treatment plan included a series of bilateral knee Orthovisc injections (three in each knee), a refill of Norco and a prescription for Duexis. On 8-17-15 Utilization Review noncertified a request for Orthovisc to bilateral knees, six total, three in each knee citing ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc to bilateral knees, six total, three in each 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 (ODG) Treatment Index, 13th Edition (web), 2015, Knee and Leg Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) "Knee," "Hyaluronic Acid injections."

**Decision rationale:** The MTUS Chronic pain or ACOEM guidelines do not adequately have any specific sections that deal with this topic. Official Disability Guidelines (ODG) recommends it as an option in osteoarthritis in situations where conservative treatment has failed to manage the pain and to delay total knee replacement. The benefits are transient and moderate at best. It is recommended for severe arthritis and to prevent surgery such as total knee replacement. Patient does not have severe arthritis and there is no documentation of failure of conservative care or therapy. Repeat injections are only recommended if there is documentation of objective improvement. Documentation fails to meet a single criteria for recommendation. Therefore the request is not medically necessary.

**Duexis #90 (unspecified quantity): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th Edition (web), 2015, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Duexis® (ibuprofen & famotidine).

**Decision rationale:** Duexis is a combination medication containing ibuprofen, an NSAID and famotidine a PPI. As per MTUS chronic pain guidelines, PPIs may be considered in patients with increased risk for GI bleed and dyspepsia. Official Disability Guideline does not recommend Duexis as a 1st line medication. There is no documentation that patient is at increased risk for GI bleed. There is no rationale as to why patient cannot take individual tablets of generic ibuprofen and a PPI instead of requiring an expensive combination medication. This request is also incomplete with no noted total tablets provided in request. Duexis is not medically necessary.