MAXIMUS Federal Services

Case Number:	CM15-0175537		
Date Assigned:	09/16/2015	Date of Injury:	06/30/2010
Decision Date:	10/19/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/07/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old female who sustained an industrial injury on 6-30-10. Diagnoses included left knee pain; partial intra articular fracture of lateral tibia; partial tear of lateral meniscus. She currently (7-30-15) complains of constant, achy left lateral knee pain that is dependent on activity level. In the 6-11-15 note, her pain level was 5 out of 10 without medications and 3 out of 10 with medications (decreased from the 3-12-15 note pain level of 6 out of 10 without medications and 4 out of 10 with medications) and her urine drug screen was appropriate. Medications allow her to control pain and continue to work. On physical exam of the left knee, there was good range of motion, tenderness to palpation, and crepitation with range of motion. Treatments to date include medications: Zorvolex for pain and inflammation. In the progress note dated 7-30-15 the treating provider's plan of care included requests for Zorvolex; Euflexxa injections to the left knee. The request for authorization dated 7-31-15 indicated Zorvolex 35 mg #90; Euflexxa injection left knee times 3. On 8-10-15 utilization review evaluated and non-certified the requests for Zorvolex based on no documentation of medical necessity supported by high quality scientific evidence based guidelines; Euflexxa to the left knee based on no documentation of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex (Diclofenac): 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) - Diclofenac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Zorvolex Prescribing Information.

Decision rationale: The claimant sustained a work injury in June 2010 and is being treated for left knee pain after sustaining a lateral tibial plateau fracture that occurred when twisting while working as an electrician. When seen, she was having constant left knee pain, increased with standing and walking. Physical examination findings included an antalgic gait. There was lateral knee tenderness with crepitus and good range of motion. She has a history of gastroesophageal reflux disease. In June 2015, Naprosyn had worked as well as Zorvolex. Zorvolex is a non-steroidal anti-inflammatory medication consisting of diclofenac in a formulation designed to allow lower dosing. It is indicated for management of mild to moderate acute pain and osteoarthritis pain. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. In this case, a special formulation of diclofenac is not medically necessary. The claimant has taken Naprosyn with equal efficacy. Since she has gastroesophageal reflux disease, a proton pump inhibitor can be prescribed. Zorvolex is not medically necessary.

Euflexxa injections left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AAOS guidelines: Treatment of Osteoarthritis of the knee, 2nd edition 2013.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic): Hyaluronic acid injections.

Decision rationale: The claimant sustained a work injury in June 2010 and is being treated for left knee pain after sustaining a lateral tibial plateau fracture that occurred when twisting while working as an electrician. When seen, she was having constant left knee pain, increased with standing and walking. Physical examination findings included an antalgic gait. There was lateral knee tenderness with crepitus and good range of motion. She has a history of gastroesophageal reflux disease. In June 2015, Naprosyn had worked as well as Zorvolex. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis. Criteria include an inadequate response to conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or intolerance of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications) after at least 3 months, documented symptomatic severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and a failure to adequately

respond to aspiration and injection of intraarticular steroids. In this case, there is no diagnosis of severe osteoarthritis either by x-ray or fulfilling the ACR criteria. Additionally, there is no evidence of failure of injection of intraarticular steroids. The requested series of viscosupplementation injections is not medically necessary.