MAXIMUS Federal Services

| Case Number: | CM15-0178203 | | |
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| Date Assigned: | 09/18/2015 | Date of Injury: | 10/18/2014 |
| Decision Date: | 10/22/2015 | UR Denial Date: | 09/09/2015 |
| Priority: | Standard | Application Received: | 09/10/2015 |

## 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 40 year old female who sustained an industrial injury on 10-18-2014. Diagnoses include cervical strain, left shoulder strain with impingement, left elbow lateral epicondylitis with extensor tendon tendinosis, thoracic strain, lumbar strain, left hip strain, left sacro iliac joint and piriformis muscle strain, left medial knee meniscus tear and left foot strain. A physician progress note dated 08-26-2015 documents the injured worker has reduced her knee pain with the use of Pennsaid 2% four times a day. Duloxetine 20mg has reduced the severity of the neuralgia in her arms and the dose will be increased to 40mg daily to further reduce the neuralgia. Back pain continues to increase with range of motion. Her sleep has increased to 6 hours a night with 1 interruption due to pain. She continues to walk daily as tolerated. Her ADL's remain limited due to chronic pain but are tolerated with her current medications. She has complaints of headaches, neck pain and stiffness. She complains of muscle and joint pains, stiffness and back pain. She has complaints of dizziness, weakness, numbness and tingling. She also complains of stress. She has trigger points with hyperirritability foci located in palpable taut bands in the levator scapula, trapezius and rhomboid muscles. She produced local twitch responses to compression and referred pain to the posterior scapula and neck. Cervical range of motion is limited. She has tenderness to palpation of the shoulder. Neers impingement and Hawking's impingement are positive on the left. Elbows are tender to palpation. Thoracic spine revealed tenderness from T6 to T10, and spasms are present. Left thoracic rotation was more limited due to pain than right rotation. Lumbar spine has tenderness for L5-S1 and spasms. In a physician progress note dated 08-12-2015 she complains of lower back pain, left buttock, left hip

and thigh pain with paresthesias in the left leg that awakens her during the night. Duration of sleep is 4 hours a night with several interruptions due to her pain. She has daily headaches at the left occipital base. Neck pain is increased with range of motion. Left shoulder range of motion is limited with mild impingement signs. She has dizziness with extension of the neck. She has moderate left trapezius muscle spasm. Moderate left upper thoracic rib intercostal, and muscle spasm. She has moderate tenderness to the left supraspinatus and pertoralis minor. She has severe tenderness to the left bicep. Moderate Neer's and Hawking's and subscapularis lift off on the left. There is left epicondyle tenderness. There continued thoracic spine tenderness from T6 to T10. There is moderate L4-L5 and L5-S1 lumbar tenderness bilaterally. There is right supine straight leg raise at 80 degrees on the right and 70 degrees on the left. Treatment to date has included diagnostic studies, medications, and physical therapy. An Electromyography and Nerve Conduction Velocity was done on 02-27-2015 and was normal. The Request for Authorization dated 08-26-2015 is for Pennsaid 2%, QTY: 1.00, Supartz hyaluronic acid injections to the right knee QTY: 5.00 and Thoracic lumbosacral orthosis, QTY: 1.00. On 09-09-2015 the Utilization Review non-certified the requests for Pennsaid 2%, QTY: 1.00, Supartz hyaluronic acid injections to the right knee QTY: 5.00 and Thoracic lumbosacral orthosis, QTY: 1.00.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pennsaid 2%, QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com/Pennsaid.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The claimant sustained a work injury in October 2015 and is being treated for strains throughout the spine, left shoulder, hip, sacroiliac joint, piriformis muscle, and foot with left shoulder impingement, left lateral epicondylitis, and a left medial meniscus tear. In February 2015 Tylenol was being prescribed. When seen, there had been improvement with use of Pennsaid. Her Duloxetine dose had recently been increased. Gabapentin was prescribed. A spinal orthosis was provided. Authorization is also being requested for a series of Supartz injections. There was no examination of the left knee recorded. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, there is no apparent history of intolerance or contraindication to an oral NSAID. Pennsaid is not medically necessary.

**Supartz hyaluronic acid injections to the right knee QTY: 5.00:** 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 Chapter: 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 & Leg (Acute & Chronic): Hyaluronic acid injections.

**Decision rationale:** The claimant sustained a work injury in October 2015 and is being treated for strains throughout the spine, left shoulder, hip, sacroiliac joint, piriformis muscle, and foot with left shoulder impingement, left lateral epicondylitis, and a left medial meniscus tear. In February 2015 Tylenol was being prescribed. When seen, there had been improvement with use of Pennsaid. Her Duloxetine dose had recently been increased. Gabapentin was prescribed. A spinal orthosis was provided. Authorization is also being requested for a series of Supartz injections. There was no examination of the left knee recorded. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis. Criteria include documented symptomatic severe osteoarthritis of the knee 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.

**Thoracic lumbosacral orthosis, QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Lumbar supports and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 12: Low Back Disorders, p138-139.

**Decision rationale:** The claimant sustained a work injury in October 2015 and is being treated for strains throughout the spine, left shoulder, hip, sacroiliac joint, piriformis muscle, and foot with left shoulder impingement, left lateral epicondylitis, and a left medial meniscus tear. In February 2015 Tylenol was being prescribed. When seen, there had been improvement with use of Pennsaid. Her Duloxetine dose had recently been increased. Gabapentin was prescribed. A spinal orthosis was provided. Authorization is also being requested for a series of Supartz injections. There was no examination of the left knee recorded. Guidelines recommend against the use of a thoracic or lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment after a lumbar fusion. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone a recent fusion. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support is not medically necessary.