

<b>Case Number:</b>	CM15-0066303		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	04/12/2006
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 47-year-old female, who sustained an industrial injury on 4/12/2006. She reported injury of her knees and low back after a slip and fall. The injured worker was diagnosed as having right knee internal derangement, left knee internal derangement, recurrent lumbago; status post left knee arthroscopies, left knee Baker's cyst, and right knee Baker's cyst. Treatment to date has included medications, surgery, magnetic resonance imaging, and physical therapy. Per documentation, a left knee x ray revealed no significant abnormality. A right knee MRI (1/9/15) revealed right patellar tendinosis and denervation of the posterior horn of the medial meniscus. The left knee revealed similar findings and also internal derangement. A right knee x ray dated 1/14/15 revealed osteochondroma and mild quadriceps enthesopathy. The request is for one series of 3 visco-supplementation injections for the left knee, and one series of 3 visco-supplementation injections for the right knee, Tizanidine 4mg #30 with 2 refills, and Tramadol 50mg #60 with 2 refills. On 3/5/2015, she is seen for low back pain she rated as 7/10, and bilateral knee pain rated 6/10. She reported pain radiation on occasion into the thigh areas, and indicates her pain disturbs her sleep. The treatment plan included follow-up, refill of the requested medications, and visco supplementation of both knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Series of 3 viscosupplementation injections for the left 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, Online Edition, Knee & Leg (Acute & Chronic), 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:** Series of 3 viscosupplementation injections for the left knee is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that there should be documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; bony tenderness; crepitus (noisy, grating sound) on active motion; less than 30 minutes of morning stiffness; no palpable warmth of synovium; over 50 years of age. Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarsophalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. The documentation does not reveal evidence of severe symptomatic osteoarthritis of the knee therefore this request is not medically necessary.

**Series of 3 Viscosupplementation injections for the right 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, Online Edition, Knee & Leg (Acute & Chronic), 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:** Series of 3 viscosupplementation injections for the right knee is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that there should be documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; bony tenderness; crepitus (noisy, grating sound) on active motion; less than 30 minutes of morning stiffness; no palpable warmth of synovium; over 50 years of age. Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarsophalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. The documentation does not reveal

evidence of severe symptomatic osteoarthritis of the knee therefore this request is not medically necessary.

**Tramadol 50mg #60 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** Tramadol 50mg #60 with 2 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). Without clear documentation or prescribing of opioids according to the MTUS Guidelines in accordance with function and the 4 A's the request for continued Tramadol use is not medically necessary.