

<b>Case Number:</b>	CM15-0074937		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	07/11/2011
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### 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: Internal 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 7/11/2011. The current diagnoses are status post right knee arthroscopy (2012), right knee horizontal cleavage with 3 lateral meniscus tear, posterior cortical bone lesion, supracondylar, of the right knee, low back pain with right lower extremity S1 lumbar radiculitis, and right lower extremity sciatica. According to the progress report dated 7/29/2013, the injured worker complains of severe right knee pain with radiation into the leg, ankle, foot, and toes. Associated symptoms include swelling, locking, stabbing pain, weakness, and catching. The pain is rated 8/10 on a subjective pain scale. The current medications are Norco. Treatment to date has included medication management, knee brace, work restrictions, ice, X-rays, MRI studies, physical therapy, cortisone injections, Synvisc injection, and surgical interventions. The plan of care includes cortisone injection to the right knee, Norco, Nizatidine, Diclofenac, and lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone injection, Right Knee, outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Corticosteroid injections.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses cortisone injections of the knee. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 13 Knee Complaints (Page 339) states that invasive techniques, such as cortisone injections, are not routinely indicated. Official Disability Guidelines (ODG) indicates corticosteroid injections are recommended for short-term use only. Evidence supports short-term (up to two weeks) improvement in symptoms of osteoarthritis of the knee after intra-articular corticosteroid injection. The number of injections should be limited to three. Official Disability Guidelines (ODG) indicates that longer-term benefits of intra-articular corticosteroids in treatment of knee osteoarthritis have not been confirmed. ODG criteria for intraarticular glucocorticosteroid injections requires documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least five of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm<sup>3</sup>); Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; Not controlled adequately by recommended conservative treatments (exercise, NSAIDs or acetaminophen). The utilization review determination date was 08-08-2013. The primary treating physician's report dated July 29, 2013 documented a request for right knee cortisone injection. The date of injury was July 11, 2011. Past treatments include three cortisone injections to the right knee. "She was given 3 cortisone injections that did not really help." The patient's medical history is positive for diabetes, currently on insulin. Magnetic resonance imaging MRI of the right knee on 8/05/11 demonstrated mild degenerative arthritis lateral compartment of the knee, minimal patellar chondromalacia, and 1.5 x 1.0 cm expansile eccentric lesion in the posterior aspect of the distal metaphysis of the right femur most consistent with a fibrous cortical defect or aneurysmal bone cyst. She was given one Synvisc injection, but had a reaction to it. The patient is status post arthroscopy right knee with chondroplasty and lateral release and partial lateral meniscectomy on 5/23/12. Horizontal cleavage and A3 lateral meniscal tear of right knee was noted. Posterior cortical bone lesion supracondylar right knee was noted. No erythema, ecchymoses or effusion of the right knee was noted on physical examination. No increased skin temperature was noted. Positive medial and patellofemoral joint line tenderness was noted. Right knee range of motion demonstrated extension 10 degrees and Flexion to 90 degrees. The treating physician's report dated July 29, 2013 documented a request for right knee cortisone injection. ACOEM 2nd Edition (2004) indicates that cortisone injections are not routinely indicated. Official Disability Guidelines (ODG) indicates that corticosteroid injections are recommended for short-term use only for osteoarthritis of the knee. MRI of the right knee on 8/05/11 demonstrated mild degenerative arthritis. Official Disability Guidelines (ODG) indicates that the number of injections should be limited to three. The primary treating physician's report dated July 29, 2013 documented that past treatments include three cortisone injections to the right knee. "She was

given 3 cortisone injections that did not really help." The patient reported that the three previous knee cortisone injections did not provide benefit. The request for a fourth cortisone injection is not supported by MTUS, ACOEM, or ODG guidelines. Therefore, the request for right knee cortisone injection is not medically necessary.

**Norco 10/325 mg Qty 120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96, Hydrocodone/Acetaminophen Page 91.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. Do not attempt to lower the dose if it is working. Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The utilization review determination date was 08-08-2013. The primary treating physician's report dated July 29, 2013 documented that the patient is status post arthroscopy right knee with chondroplasty and lateral release and partial lateral meniscectomy on 5/23/12. Positive medial and patellofemoral joint line tenderness was noted on physical examination. Ultram was associated with seizures. The patient's symptoms are improved by use of medications. Analgesia was documented. Medical records document objective physical examination findings. Medical records documented objective evidence of pathology on MRI magnetic resonance imaging studies. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Hydrocodone / Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request for Norco (Hydrocodone/Acetaminophen) is supported by the MTUS guidelines. Therefore, the request for Norco 10/325 mg is medically necessary.

**Nizatidine 150 mg Qty 120:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page 68-69. Decision based on Non-MTUS Citation American College of Gastroenterology <http://s3.gi.org/physicians/guidelines/NSAIDJournalPublicationFebruary2009.pdf> FDA Axid (Nizatidine) <http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=5c371d53-b93d-565e-bae6-1354c99d9035>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole (Prilosec), is recommended for patients with gastrointestinal risk factors. MTUS does not address Nizatidine. The utilization review determination date was 08-08-2013. The primary treating physician's report dated July 29, 2013 documented that the NSAID Voltren (Diclofenac) was prescribed. American College of Gastroenterology Guidelines for Prevention of NSAID-Related Ulcer Complications (2009) reported that systematic reviews have shown that H2RA histamine-2-receptor antagonist medications are effective in reducing the risk of NSAID-induced endoscopic gastric ulcers. The NSAID Voltren (Diclofenac) was certified on 8/8/13. The use of H2RA histamine-2-receptor antagonist Nizatidine (Axid) is supported by American College of Gastroenterology guidelines. Therefore, the request for Nizatidine is medically necessary.

**Epidural Steroid Injection, Lumbar, outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page 46.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injections (ESIs). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Epidural steroid injections treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The utilization review determination date was 08-08-2013. Outpatient lumbar epidural steroid injection was the request. The primary treating physician's report dated July 29, 2013 documented current symptoms of right knee pain. The patient describes the pain as severe. The pain radiates into the leg, ankle, foot, toes. Symptoms include swelling, locking, stabbing pain, weakness, catching. The severity is an 8 on a scale of 1-10. The duration with each episode is variable. The symptoms are worse during activity, after activity, morning, during the day, night. Symptoms are aggravated by bending, walking, prolonged sitting. The symptoms are improved by use of ice, medications. On physical examination, Babinski test was normal. Normal deep tendon reflexes, sensory were intact. Sensation to light touch bilateral lower extremities. Circulation intact bilateral lower extremities. No physical examination of the lumbar spine was documented. Lumbar epidural steroid injection was requested. MTUS criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and

corroborated by imaging studies and/or electrodiagnostic testing. No subjective complaints of radicular pain were documented. No evidence of radiculopathy was demonstrated on physical examination. No physical examination of the lumbar spine was documented. The level of the epidural steroid injection was not specified in the request for authorization. The request for lumbar epidural steroid injection is not supported by MTUS guidelines. Therefore, the request for lumbar epidural steroid injection is not medically necessary.