

Case Number:	CM15-0091218		
Date Assigned:	05/15/2015	Date of Injury:	05/09/2012
Decision Date:	06/16/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/12/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 52-year-old male, who sustained an industrial injury on 5/9/12. The diagnoses have included left knee osteoarthritis and medial meniscal tear. Treatment to date has included medications, activity modifications, bracing, injections, physical therapy and home exercise program (HEP). Currently, as per the physician progress note dated 2/20/15, the injured worker states, "my left knee is better." In addition, he did well with the viscosupplementation. He states, "I can walk without any difficulty." "I am ready for the next series of knee injections." The injured worker's current weight is 245 pounds. The objective findings reveal the exam of the left knee shows minimal effusion, no overt swelling, no erythema, no increased warmth, 0 to near full active flexion, and thigh and calf are supple. As per progress report dated 4/6/15, the injured worker presents for Euflexxa injection number one and states "it's definitely time." The objective findings reveal that the exam of the left knee shows no effusion, erythema, calor or signs of infection. The injured worker is scaled on the exam table and under sterile conditions he was injected on the medial side with Lidocaine followed by Euflexxa and he will return next week for injection number two. The diagnostic testing that was performed included X-ray and Magnetic Resonance Imaging (MRI) of the left knee. The physician treatment plan is to continue with Pennsaid 2% solution and Relafen. It is noted by the physician that the injured worker is a candidate for another round of viscosupplementation and authorization for three Euflexxa injections in March or May. The physician requested treatments included Pennsaid 2% solution and Retro: Euflexxa injection to the left knee (DOS: 4/6/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% solution, #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. There is no evidence of efficacy of Pennsaid for the treatment of knee pain. In addition, there is no evidence of long-term benefit of topical NSAID. Based on the above, the prescription of Pennsaid for long term is not recommended. Therefore, the request for Pennsaid 2% is not medically necessary.

Retro: Euflexxa injection to the left knee (DOS: 4/6/15): 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), Knee - Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hyaluronic acid injections, <http://www.worklossdatainstitute.verioiponly.com/odgtwc/knee.htm#Hyaluronicacidinjections>.

Decision rationale: According to ODG guidelines, Hyaluronic acid injections is “Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best.” There is no documentation that the patient suffered from osteoarthritis that failed medications and physical therapy. There is no clinical and radiological evidence of severe osteoarthritis. Therefore, the retrospective prescription of Left knee Euflexxa injection is not medically necessary.