

<b>Case Number:</b>	CM14-0105645		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/13/2003
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 64-year-old female with date of injury of 12/13/2003. The listed diagnoses per [REDACTED] dated 06/04/2014 are: 1. Fibromyalgia. 2. Cervical spondylosis and myofascial pain. 3. Cervical radiculopathy secondary to disk protrusion at C4 through C6 levels. 4. Bilateral cubital syndrome. 5. Bilateral carpal tunnel syndrome. 6. Lumbar spondylosis and myofascial pain. 7. Bilateral shoulder sprain/strain syndrome. 8. Bilateral wrist sprain/strain syndrome. 9. SLAP tear, right shoulder. 10. Impingement, bilateral shoulders. 11. Bilateral knee sprain/strain syndrome. 12. Bilateral knee pain. 13. A 2.2 x 1.8 cm distal femoral enchondroma causing pain. 14. Depression and anxiety. 15. Weight gain. 16. Sleep disruption. 17. Constipation /gastrointestinal upset. 18. Headache. According to this report, the patient complains of ongoing pain and discomfort in her bilateral knees. She is also complaining of headaches due to her sharp neck pain. The pain frequently radiates to the bilateral shoulders with associated burning sensation. The patient states that her right knee has improved but the left knee has increasing pain. She also reports wrist, thumb, and middle back pain that are increasing in severity. She is complaining of constant pain in the knee. The objective findings show there is tenderness, spasms and pain with all range of motion in the cervical spine. There is decreased sensation to light touch in the cervical spine bilaterally. There is anterolateral tenderness in the bilateral shoulders. Positive impingement sign was noted in the bilateral shoulders. There is a loss of grip strength in the bilateral wrist/hands. Tenderness to light touch in the bilateral elbows and a positive Tinel's sign are noted. There is tenderness, spasms, and restricted range of motion in the lumbar spine. There is decreased sensation to light touch in the lumbar spine. The utilization review denied the request on 06/03/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/500 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** This patient presents with bilateral knees, neck, wrist, thumb, and back pain with headaches. The treating physician is requesting Vicodin 5/500 mg. For chronic opiate use, the MTUS Guidelines requires specific documentations regarding pain and function. Page 78 of MTUS requires pain assessment that requires current pain; the least reported pain over the periods since last assessment; average pain; intensity of pain after taking the opioids; how long it takes for pain relief; and how long pain relief last. Furthermore, the 4 A's for ongoing monitoring are required which includes: analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior. The records show that the patient was prescribed Vicodin in 2006. None of the other reports provided record before and after analgesia, no specifics regarding ADLs to denote significant improvement, no mention of quality of life changes, and no discussions regarding pain assessment as required by the MTUS Guidelines. Furthermore, there are no discussions regarding adverse side effects and aberrant drug-seeking behavior such as urine drug screen. Request is not medically necessary.

**1 series of Hyalgan injections to bilateral knees:** 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 and Leg (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hyaluronic acid (Synvisc) knee injection.

**Decision rationale:** This patient presents with bilateral knees, neck, wrist, thumb, and back pain with headaches. The treating physician is requesting a series of Hyalgan injection to the bilateral knees. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG on viscosupplementation states that it is recommended as a possible option for severe osteoarthritis for patients who do not respond 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. The procedure note dated 02/28/2014 shows that the patient received Hyalgan injection in the bilateral knee joint. The UR also notes that the patient received multiple injections in the past, the most recent of which is 03/14/2014. In this case, this patient does not have a diagnosis of severe osteoarthritis of the knees. Furthermore, the report following the most recent injection shows no improvement in function or decreased levels of pain. Request is not medically necessary.