

<b>Case Number:</b>	CM13-0067290		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/29/1998
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine, 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 an employee of [REDACTED] and has submitted a claim for revision of right total knee replacement associated with an industrial injury on June 29, 1998. Treatment to date includes oral and topical analgesics. A utilization review dated December 12, 2013 denied a request for Menthoderm 10-15% external ointment for the knee because there is no indication for use since there is total knee replacement, and therefore no oateoarthritis. A request for Norco 10/325mg was denied because there was no documentation of any specific knee pain or other complaints other than the chronic antalgic gait. A request for drug screen collected on November 26, 2013 was denied because the drug being tested (Norco) is non-authorized and no other oral medications are being utilized. Medical records from 2013 were reviewed and showed the patient was status post right knee replacement and has been complaining of right knee clicking and pain grade 9/10. However most recent progress reports did not mention any complaints of knee pain, and there has been very limited objective findings of the knee. Examination was only remarkable for antalgic gait on the right with a cane in the left hand. The patient was diagnosed with osteoarthritis of the lower leg for which Norco 10/325mg, Menthoderm and LenzaGel were prescribed for the knee pain on September 30, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MENTHODERM 10-15% EXTERNAL OINTMENT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

**Decision rationale:** Page 105 of the MTUS Chronic Pain Guidelines state that salicylate topicals are recommended. In this case, the documentation submitted for review was insufficient to indicate that the patient has failed a trial of oral pain medications prior to proceeding with the use of topical analgesic. In addition, the request does not indicate an amount to be dispensed. There is no discussion concerning the need for variance from the MTUS Chronic Pain Guidelines. Therefore, the request for Mentherm 10-15% external ointment is not medically necessary and appropriate.

**NORCO ORAL TAB 10-325 MG:** Upheld

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

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

**Decision rationale:** Page 78 of the MTUS Chronic Pain Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been taking Norco as far back as September 2012 for low back pain. It was only on September 2013 that it was prescribed for the knee pain. Most recent progress reports did not show complaints of knee pain and there are no objective evidences to support indication for such. In addition, the request does not indicate an amount to be dispensed. Continued use of Norco for knee pain is not recommended. Therefore, the request for Norco tab 10/325mg is not medically necessary.

**DRUG SCREEN COLLECTED ON 11/26/13:** Upheld

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

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

**Decision rationale:** As stated on page 78 of the MTUS Chronic Pain Guidelines, drug screening is indicated for patients with issues of abuse or poor pain control and is also part of the 4 domains of opioid management. In this case, the patient had been given a urine drug screen in November 26, 2013 however a rationale for the test was not provided. There was no discussion concerning a high-risk profile for the patient with regards to aberrant behavior. There is no basis

to conclude that drug testing is indicated. Therefore, the request for Drug Screen collected on November 26, 2013 is not medically necessary and appropriate.