

<b>Case Number:</b>	CM13-0067597		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/09/2009
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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 65-year-old male who was injured on 4/9/2009. The patient is being treated for left knee pain. The MRI (magnetic resonance imaging) of the left knee showed Chondromalacia of the patella. The past surgical history is consistent with left knee arthroplasty and meniscectomy in 2009. The medications listed are hydrocodone/APAP, nabumetone and topical Pennsaid for pain. On a 2/5/2014 office visit with [REDACTED], the patient reported a pain score of 2/10 with medications and 5-10/10 without medications. The patient walks regularly, does chores and takes care of his grandchildren. The urine drug screen on 2/21/2013 was consistent. A Utilization Review decision was rendered on 12/11/2013 recommending non certification for Pennsaid 1.5% solution 40 drops to affected knee 2-3 times a day #2 and hydrocodone/APAP 10/325mg three times daily (tid) # 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE-ACETAMINOPHN 10-325MG TAKE 1 THREE TIMES A DAY AS NEEDED #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioid, specific drug list Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

**Decision rationale:** The CA MTUS addressed the use of opioids for the treatment of chronic musculoskeletal and neuropathic pain. Opioids could be utilized for the short term treatment of severe pain during acute injury and periods of exacerbation of chronic pain that is non-responsive to standard non-steroidal anti-inflammatory drugs (NSAIDs), physical therapy and exercise. Opioids could also be utilized for maintenance treatment of patients who have exhausted all forms of treatment including surgery, interventional pain management, behavioral modification and psychiatry treatment. The required documentation during chronic opioid therapy should include compliance monitoring such as Pain Contract, urine drug screen, absence of aberrant behavior and improvement in activities of daily living (ADLs)/functional restoration. The patient is reporting pain scores as low as 2/1. The knee pain is neither severe nor incapacitating to require chronic opioid treatment. The patient is also utilizing nabumetone, an NSAID. The criteria for chronic treatment with hydrocodone/APAP 10/325mg tid #90 were not met. As such, the request is not certified.

**PENNSAID 1.5% SOLUTION : 40 DROPS TO AFFECTED KNEE 2-3 TIMES/DAY #2:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Pennsaid (diclofenac sodium topical solution).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73, 111-113.

**Decision rationale:** The CA MTUS addressed the use of non-steroidal anti-inflammatory drugs (NSAIDs) in the treatment of chronic musculoskeletal pain. The chronic use of NSAIDs can lead to cardiovascular, renal and gastrointestinal complications. It is recommended that the use of NSAIDs be limited to the lowest effective dose for the shortest period during acute injury and exacerbation of musculoskeletal pain. The use of multiple NSAIDs in both oral and topical formulations is associated with a significantly increased incidence of adverse complications including gastrointestinal bleeding. Topical NSAIDs are especially indicated for patients who cannot tolerate oral NSAID. The patient is concurrently utilizing nabumetone 500mg and topical Pennsaid. There is no documentation of adverse effects or intolerance to oral NSAID medications. The criteria for the use of Pennsaid 1.5% solution 40 drops to affected knee 2-3 times a day #2 were not met. As such, the request is not certified.