

Case Number:	CM14-0117758		
Date Assigned:	08/06/2014	Date of Injury:	09/12/2005
Decision Date:	10/03/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/28/2014

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 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:

This is a 48 year old female with a 9/12/2005 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 4/8/14 noted subjective complaints of knee pain. Objective findings included left knee tenderness along the medial joint line. Diagnostic Impression: s/p right knee total arthroplasty, left knee arthritis. Treatment to Date: surgery, medication management, knee injections. A UR decision dated 7/15/14 the request for Norco 10/325 mg unknown quantity to #30. It also denied Terocin Patches. It also denied Diclofenac 100 mg. There are no documented rationales in the documents available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 325/10MG UNKNOWN AMOUNT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as

directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2005 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Furthermore, the quantity, frequency and duration are not included in the request. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325 mg unknown amount was not medically necessary.

TERACIN PATCHES UNKNOWN AMOUNT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>

Decision rationale: MTUS chronic pain medical treatment guidelines states that topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, CA MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). However, it is unclear whether this proposed treatment is intended to be a trial or if the patient has already been using them. It is not documented where the patches are being used or are intended to be used, as well as the intended duration of use and quantity. If the patient has already been using the patches, there is no documentation of functional improvement or associated decrease in oral medication. Furthermore, there is no documentation of a failed trial of tri-cyclic, SNRI anti-depressants or AED. Therefore, the request for Terocin Patches unknown amount was not medically necessary.

DICLOFENAC 100MG UNKNOWN AMOUNT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, NSAIDS

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG

states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. There is no evidence of long-term effectiveness for pain or function. However, given the 2005 original date of injury, it is unclear how long the patient has been taking NSAIDs. There is no documented evidence of derived objective benefit to substantiate the continued chronic use of NSAIDs. Furthermore, there is no quantity, frequency or duration documented. Therefore, the request for Diclofenac 100 mg unknown amount was not medically necessary.