MAXIMUS Federal Services

| Case Number: | CM14-0159565 | | |
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| Date Assigned: | 10/09/2014 | Date of Injury: | 06/03/2009 |
| Decision Date: | 11/10/2014 | UR Denial Date: | 09/18/2014 |
| Priority: | Standard | Application Received: | 09/29/2014 |

## 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 & Rehabilitation, 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 66-year-old male who reported a work related injury on 07/03/2009 due to entering his truck when his boots caught on the nonskid surface, causing him to sustain a twisting type injury to both knees. He subsequently developed pain in his right knee. The injured worker's diagnoses were noted to include bilateral osteoarthritis of the knee, right chondromalacia of the patella, bilateral knee pain, and right current tear of medial cartilage and/or meniscal tear. Past treatment has included surgical intervention, medication management, and injections. Diagnostic studies were noted to include MRI of the right knee on 01/31/2014, which revealed mild narrowing at the medial compartment of the right knee. An X-ray of the right knee on an unspecified date which revealed narrowing of the medial compartment of both knees with still preservation of the cartilage space and some degenerative osteophyte formation on the merchants view of the right knee. Surgical history was noted to include a left knee medial meniscectomy in 2011 and a right knee medial meniscectomy on 11/05/2009. Upon examination on 09/04/2014, the injured worker complained of right leg and knee causing the most pain and stated the left leg is not very bothersome. The patient was noted to be currently wearing a compression brace on the right knee to help along with taking Norco. Physical examination of the right knee noted good range of motion, crepitus with range of motion, and no ligament laxity noted. Physical exam of the left knee revealed good range of motion, no crepitus, and no ligament laxity. The injured worker noted that his pain with medication was noted to be a 2/10 to 3/10 and without medication was 8/10 to 9/10 on the VAS pain scale. With medication, the injured worker stated he was able to walk, bicycle, and maybe golf. Without medication, it was noted that the injured worker was sedentary. The injured worker's prescribed medications were noted to include Lidoderm, pravastatin, Nexium, hydrocodone, losartan, allopurinol, Kazano, meloxicam, aspirin, garcinia cambogia, raspberry ketones, and CoQ10. The treatment plan

consisted of Norco and Pennsaid solution. The rationale for the request was right knee pain and degenerative joint disease to the knee. A Request for Authorization form was submitted for review on 09/05/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #100 + 3 refills Quantity requested: 400.00:** Upheld

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

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

**Decision rationale:** The request for Norco 10/325 #100 + 3 refills Quantity requested: 400.00 is not medically necessary. The California MTUS recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Upon a pain assessment, current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts should be included. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. 4 domains have been proposed as most important in monitoring pain relief, side effects, and physical monitoring of these outcomes over time should affect therapeutic decisions and provide an outline for documentation of the clinical use of these controlled drugs. In regard to the injured worker, the documentation provided for review does not provide clinical information that contains evidence of significant measurable subjective information and functional improvement as a result of continued opioid use. As such, the medical necessity for Norco cannot be warranted. Additionally, there is a lack of documentation indicating that the injured worker has increased ability to continue activities of daily living with the use of Norco, and there is a lack of documentation indicating the adverse effects of the medication, risk assessment of the employee for drug related behavior has been addressed. Therefore, the request for Norco 10/325 #100 + 3 refills Quantity requested: 400.00 is not medically necessary.

**Pennsaid Solution 2% Quantity requested: 4.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

**Decision rationale:** The request for Pennsaid Solution 2% Quantity requested: 4.00 is not medically necessary. California MTUS states that Voltaren gel 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In

regard to the injured worker, it was noted that he had pain to the knee. Additionally, Diclofenac in the concentration greater than 1% is not recommended within the guidelines. As such, the request for Pennsaid Solution 2% Quantity requested: 4.00 is not medically necessary.