

<b>Case Number:</b>	CM14-0027215		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	06/29/2011
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 injured worker is a 59-year-old male with a reported date of injury on June 24, 2011. The injury reportedly occurred when a cow kicked his left knee/leg. His diagnoses were noted to include left knee pain, degenerative joint disease of the left knee, and neuropathic left knee pain. His previous treatments were noted to include physical therapy and medications. The progress note dated January 27, 2014 revealed the injured worker complained of pain that was described as constant and sharp in character with occasional numbness over the calf on the left when he sat with his feet unsupported for a period. The injured worker indicated his medication resulted in his pain rated 3/10 to 4/10 and without medication rated 10/10. The injured worker denied side effects from the utilization of the medication. The physical examination indicated the injured worker ambulated with an antalgic gait on the left and his left lower extremity range of motion revealed flexion was to 110 degrees and extension was to 0 degrees. His motor strength was rated 4/5 to the left knee due to pain and palpation of left knee revealed tenderness over the medial, lateral and posterior aspect of the left knee. The injured worker was noted to have mild to moderate left knee effusion. The injured worker revealed his left knee pain occurred over the anterior and posterior aspect of the left knee. The injured worker reported the pain was constant, waxing and waning in pain that was worse with weight bearing to the left knee described as sharp and tingling in nature. The left ankle pain occurred over the lateral aspect of the left ankle, was constant, felt like something was moving in the ankle, and seemed unstable. The physical examination revealed an antalgic gait on the left, the lower extremity range of motion revealed flexion was 210 degrees, and extension was to 0 degrees. The motor strength was noted 4/5 at the left knee due to pain. The palpation of the left knee revealed tenderness over the medial, lateral and posterior aspect of the knee. The progress note dated April 24, 2014 revealed the injured worker complained of left knee pain to both medial and posterior area. The injured

worker indicated he was taking ibuprofen as well as utilizing a pain patch. The physical examination revealed medial joint line tenderness to the left knee. No lateral joint line tenderness was noted and the knee was stable to anterior, posterior, medial and lateral stress. The range of motion to the left knee was noted to be 0 to 130 degrees. The provider indicated the injured worker was given a cortisone injection. The Request for Authorization Form dated January 27, 2014 was for Norco 10/325mg every 6 hours as needed for pain #120 and Flector patches 1.3% apply to left knee twice a day #60 for pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco (10/325mg, #120): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78.

**Decision rationale:** The request for Norco is not medically necessary. The injured worker has been utilizing this medication since at least 07/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines also state that the 4A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. The injured worker reported in the April 2014 progress note he was utilizing ibuprofen and a pain patch for his pain. The injured worker reported no side effects. There is lack of documentation regarding improved functional status with regards to activities of daily living. The documentation indicated the injured worker had shown no aberrant drug taking behaviors; however, it is unclear as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, in regards to the injured worker utilizing ibuprofen, and a lack of documentation regarding increased functional status, and without details regarding urine drug testing to verify appropriate medication and use in the absence of aberrant behaviors, the ongoing use of opioid medications is not supported by the guidelines. As such, the request is not medically necessary.

**Flector Patches (1.3%, #60): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112.

**Decision rationale:** The request for Flector patched is not medically necessary. The Flector patch consists of diclofenac epolamine. The California Chronic Pain Medical Treatment

Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines primarily recommended topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy and clinical trials for topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analyses to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study, the effect appeared to diminish over time, and it was stated that further research was required to determine if results were supported for preparations. The guidelines indications for topical NSAIDs is osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for a short term use (4 to 12 weeks). The guidelines recommend Voltaren gel 1% (diclofenac) for relief of osteoarthritis pain in joints that lend themselves to topical treatment. The guidelines do not recommend diclofenac epolamine for osteoarthritis pain. Therefore, the request is not medically necessary.