MAXIMUS Federal Services

| Case Number: | CM14-0051989 | | |
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| Date Assigned: | 07/07/2014 | Date of Injury: | 09/22/2009 |
| Decision Date: | 12/26/2014 | UR Denial Date: | 04/07/2014 |
| Priority: | Standard | Application Received: | 04/21/2014 |

## 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, has a subspecialty in Interventional Spine 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 49 year old male with an injury date of 09/22/09. Based on 01/26/14 progress report, the patient complains of bilateral knee pain along with swelling. The condition aggravates with kneeling, squatting, twisting and prolonged sitting. Physical examination of the bilateral knees reveals mild Valgus deformity in the right knee along with residual tenderness over the medial joint. The left knee was moderately tender along the medial and lateral joint line. The patient underwent right knee replacement surgery on 10/31/12, as per progress report dated 12/19/13. However, compensating for the right knee led to an increase in the left knee pain. The patient underwent left knee arthroscopic surgery with micro fracture and meniscectomy with synovectomy on 11/11/13, as per progress report dated 01/26/14. The patient is off work and is on total temporary disability, as per progress report dated 01/26/14. MRI of the Left Knee, 06/11/13, as per progress report dated 01/26/14, reveals: Deterioration of the outer portion of the meniscus. X-ray of the Right Knee, as per progress report dated 10/16/13 - Large hypertrophic bone spur involving medial aspect of the medial femoral condyle with reactive changes - Marked decrease in the lateral joint space of the right knee - Completely destroyed patellofemoral joint with large osteophytes and no joint space X-ray of the Left Knee, as per progress report dated 10/16/13 - Moderate decrease in the lateral joint space. Diagnosis, 01/26/14 - Advanced degenerative arthritis of the right knee involving lateral and medial joint compartment as well as the patellofemoral joint. - Status post right knee replacement surgery.- Status left knee arthroscopic surgery -Moderately advanced degenerative arthritis of the left knee involving lateral joint compartment- Moderate exogenous obesity. The physician is requesting for (a) Norco 10/325 #60 (B) Transdermal Pain Gabapentin, Ketoprofen, Lidocaine, and Capsaicin. The utilization review determination being challenged is dated 04/07/14. The rationale follows: (a)

Norco 10/325 #60- "There is no evidence of improved performance of non-work activities of daily living." (b) Transdermal Pain Gabapentin, Ketoprofen, Lidocaine, Capsaicin - "Since one or more topical compounds carry unfavorable recommendations here, the entire compound is considered 'not recommended" Treatment reports were provided from 10/16/13 - 01/26/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 88-89,78.

**Decision rationale:** This patient presents with bilateral knee pain and swelling, as per progress report dated 01/26/14. He underwent right knee replacement surgery on 10/31/12 and left knee arthroscopic surgery with micro fracture on 11/11/13. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, Norco prescription was first seen in progress report dated 12/19/13. However, the progress reports do not discuss how Norco reduces pain and promotes activities of daily living in the patient. The physician does not provide a pain scale. The four A's are not specifically addressed including discussions regarding aberrant drug behavior, specific ADL's, adverse reactions, and aberrant behavior. The recommendation is for denial.

**Transdermal pain Gabapentin, Ketoprofen, Lidocaine, Capsaicin:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

**Decision rationale:** This patient presents with bilateral knee pain and swelling, as per progress report dated 01/26/14. The patient underwent right knee replacement surgery on 10/31/12 and left knee arthroscopic surgery with micro fracture on 11/11/13. Regarding topical analgesics, MTUS guidelines on page 111, state that "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." Ketoprofen is as NSAID and MTUS guidelines support its use for peripheral joint arthritis and tendinitis. For Lidocaine, the MTUS guidelines do not support any other formulation than topical patches. Regarding Capsaicin, MTUS guidelines state that "Recommended only as an option in patients who have not responded or are intolerant to

other treatments." In this case, some components of the requested compound such as Capsaicin and Ketoprofen may be appropriate for use but other components such as Gabapentin and Lidocaine are not recommended. MTUS Guidelines also provide clear discussion regarding topical compounded creams on page 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Recommendation is for denial.