

Case Number:	CM13-0058989		
Date Assigned:	12/30/2013	Date of Injury:	05/03/2009
Decision Date:	12/11/2015	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/27/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60 year old female who was injured on 05/03/2009 while working for [REDACTED] [REDACTED] sustained a twisting injury to her right knee. There was a small amount of pain in the right knee at that time, which was reported. The right knee subsequently worsened. Treatment history included postoperative care with corticosteroid and hyaluronate injections and physical therapy. Medications listed as: Pennsaid 1.5% to apply 40 drops by topical route 4 times every day to affected knee(s), Vicodin 5 mg-500mg 1 tablet by mouth every 4-6 hours as needed for pain, Voltaren 1% apply by topical route 4 times daily to affected area(s), Norco 10mg-325mg 1 tablet by mouth every 4-6 hours as needed for pain, Ecotrin 325 mg 1 tablet (325mg) by oral route every day, Colace 200 mg 1 capsule (200mg) by oral route every day, Celebrex 200 mg one capsule by oral route every day, Vistaril 25 mg 1 capsule by oral route 4 times every day, Bactrim-DS 800-160 mg 1 tablet by oral route every 12 hours, metoprolol tartrate 50 mg 1 tablet 2 times a day with meals. The patient underwent right knee arthroscopic surgery in 2009. A second arthroscopic surgery of the right knee was performed in 2010. A right total knee arthroplasty was performed on 08/01/2011. On 03/11/2013 one compartment revision, right total knee. On 06/25/2013 an ACL (anterior cruciate ligament) reconstruction with allograft was performed. Diagnostic studies reviewed include transthoracic echocardiographic study on 02/15/2013 with a conclusion of the following: Normal LV systolic function. LVEF is 60-65%. Abnormal relaxation of left ventricle consistent with diastolic dysfunction, mild aortic valve regurgitation, trace mitral regurgitation, trace tricuspid regurgitation and RVSP of 30 mm. Impression showed no scintigraphic evidence of inducible myocardial ischemia. On 02/20/2013

a Rest/Gated Stress Myocardial Perfusion scan with wall motion was performed. No urinalysis was submitted for review. Clinic note dated 06/25/2013 documented the patient back for follow up. States she is doing well. Uses medication as needed. Objective findings on exam included the knee showed healed incision with slight 5 degree extension lag. Flexion approximately 110 degrees. Motor strength 5/5. Clinic note dated 08/20/2013 documents the patient is doing well. The patient's postoperative pain is moderate. The pain has been controlled by NSAIDs when taken regularly. The patient has been full weight bearing. The patient has been using no assistive devices and has been compliant with this treatment plan. Patient is not currently working. Objective findings reveal normal gait. The postoperative site is clinically well aligned. The wound is well healed. The site has mild swelling. The involved region has mild tenderness. The postoperative range of motion is acceptable at this point, 5-120. X-rays reviewed showed components well aligned and components stable. Clinic note on 09/17/2013 documents the patient is back for follow up. Will be seen by [REDACTED] on 10/23/2013. Continues to have quite a bit of pain in the knee, 7/10 without meds, 3/10 with meds. The patient needs meds for activities of daily living. Needs to be able to ambulate. Objective findings shows there is a healed incision with 5 degree extension lag in the knee with flexion 110. Motor strength 5/5. Clinic note dated 11/04/2013 shows patient to be 2 years 3 months and 3 days status post right knee replacement. 7 Months, 245 days status post right revision knee. Right knee; the patient is doing well. The patient's postoperative pain is moderate. The patient used narcotics/NSAIDs for 7 months as of today. The patient has been full weight bearing and using no assistive devices. On functional limitations the patient reports she is not able to kneel, walk an unlimited distance and walk 5 to 10 blocks. Patient reports she finds it difficult to climb stairs, exercise, get in and out of car, go down stairs, perform activities of daily living, put on socks and shoes and walk 10 blocks. Physical examination reveals gait is normal. The operative site is well aligned. The wound is healed. The site has mild swelling. The involved region has minimal tenderness. The postoperative range of motion is acceptable at this point, 0-125. X-rays reviewed showed components well aligned and components stable. The patient was diagnosed with s/p right total knee replacement 08/01/2011 and s/p revision total knee replacement 03/11/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg #60 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-82.

Decision rationale: As per CA MTUS guidelines, Norco is indicated for moderate to moderately severe pain. Further guidelines indicate four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. In this case, the patient has chronic right knee pain and there is no evidence of

objective functional improvement, reduction in pain or increased functional level with the use of this medication. Guidelines also recommend use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. This patient is taking Norco for prolonged period of time, and there is no documentation of urine drug screen performed on this patient to determine compliance of the prescribed substances. Thus, the request for Norco 10 mg #60 with one refill is not medically necessary. Guidelines also recommend slow tapering/weaning process for the individuals taking long-term opioids.

Ibuprofen 800mg #60 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

Decision rationale: As per CA MTUS guidelines, NSAIDs is recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain.... There is no evidence of long-term effectiveness for pain or function. This patient has chronic right knee pain and the provider has prescribed ibuprofen for mild pain. However, guidelines indicate that sufficient clinical improvement should be observed to offset potential risk of treatment with all NSAIDs medications including ibuprofen. The submitted documents do not indicate sufficient improvement has taken place despite use of this medication. Thus, the request is not medically necessary.