

<b>Case Number:</b>	CM14-0187651		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	06/29/2001
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Orthopedic Surgery 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:

66 year old male who reported an injury on 06/29/2001. Claimant is status post total knee replacement on 4/10/14. Exam note 5/6/14 demonstrates he had been prescribed Norco 10325 mg, omeprazole, naproxen, and PracaSil scar cream. He was seen again on 05/27/2014 and it was noted that his incision was healing although the patient had decreased range of motion in his left knee. The patient was given an additional 60 tablets of Norco and Naprosyn at that time. He was seen again on 06/17/2014 with a pain level of 9/10, which was increased with bending and ambulation for which the patient utilized a cane while walking. Exam dated 09/04/2014; the patient was noted as walking moderate distances with good knee comfort but did use an occasional amount of medication for pain. The patient underwent a urine drug screen on 09/09/2014, which was positive for Hydrocodone, Hydromorphone, and Dihydrocodeine. On 09/30/2014, the patient was provided with additional PracaSil cream for scar revision. He was given an additional refill of Norco and Omeprazole. Exam note 10/16/2014 indicated that his left knee was stable post total knee replacement with no standing pain indicated. The physician is now requesting Norco 10/325 mg tablets, Omeprazole 20 mg 30 tablets, and PracaSil cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription for Norco 10/325 mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96, 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. The patient has been on chronic opioids without demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 10/16/14. Therefore the request is not medically necessary.

**1 Prescription for Pacasil cream:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.compoundingcenter.com](http://www.compoundingcenter.com)

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

**Decision rationale:** Per the CA MTUS regarding topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended 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." In this case Pacasil cream is a topical agent with anti-inflammatory reported benefits. As there are no high quality studies supporting its usage, the request is not medically necessary.