

Case Number:	CM14-0087893		
Date Assigned:	07/23/2014	Date of Injury:	02/13/2004
Decision Date:	04/01/2015	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/11/2014

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. 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

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 52 year old male, who sustained a work related injury on 2/13/04. The diagnoses have included left knee pain, rule out new meniscal tear and ACL tear, right knee pain due to compensation from left knee, early post-traumatic osteoarthritis and lumbosacral strain/sprain. Treatments to date have included oral medications. In the PR-2 dated 4/10/14, the injured worker complains of frequent, worsening left knee pain. He rates the pain a 4/10 on medication and an 8/10 off of medications. He has limited range of motion in left knee. He has tenderness to palpation of left knee joint. On 5/15/14, Utilization Review modified a request for Hydrocodone/Acetaminophen 7.5/300mg, #60 /Ondansetron 2mg, #60 to Hydrocodone/Acetaminophen 7.5/300mg, #60. The California MTUS, Chronic Pain Treatment Guidelines, were cited. On 5/15/14, Utilization Review non-certified requests for Kera-Tek gel and Ondansetron 2mg, #60. The California MTUS, Chronic Pain Treatment Guidelines, and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen/7.5/300mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 90.

Decision rationale: The 52 year old patient presents with left knee pain, rated at 8/10, as per progress report dated 04/10/14. The request is for HYDROCODONE/ACETAMINOPHEN 7.5/300 mg #60. The RFA for this case is dated 05/08/14, and the patient's date of injury is 02/13/04. The diagnoses, as per progress report dated 04/10/14, included recurrent left knee pain, compensatory right knee pain, and lumbosacral sprain/strain. Medications included Norco, Kera-Tek gel and Ondansetron. The patient is working, as per the same progress report. 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. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, only one progress report has been provided for review. In the report dated 04/10/14, the treater states that patient suffers from nausea secondary to Norco use. Hence, the treater recommends a combination of Norco and Ondansetron. The RFA also includes the request for a combination drug. The UR determination, nonetheless, discusses Norco and Ondansetron as two separate requests. In the 04/10/14 report, the treater also states that Norco helps reduce pain from 8/10 to 4/10. However, treater does not use a validated scale to demonstrate a measurable improvement in function, although the patient's ability to work full duty indicates high function. NO UDS or CURES reports are available for review. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request IS NOT medically necessary.

Kera-Tek Gel: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

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

Decision rationale: The 52 year old patient presents with left knee pain, rated at 8/10, as per progress report dated 04/10/14. The request is for KERA-TEK GEL. The RFA for this case is dated 05/08/14, and the patient's date of injury is 02/13/04. The diagnoses, as per progress report dated 04/10/14, included recurrent left knee pain, compensatory right knee pain, and lumbosacral sprain/strain. Medications included Norco, Kera-Tek gel and Ondansetron. The patient is working, as per the same progress report. The Kera-Tek gel contains Methyl salicylate and Menthol. Regarding topical NSAIDs MTUS page 111 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical

treatment." There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." In this case, only one progress report dated 04/10/14 is provided for review. The patient presents with left knee pain. In the report, the treater states that Kera-Tek gel is for his chronic muscular pain. The treater states that the gel will help to "maintain the patient's painful symptoms, restore activity levels, and aid in functional restoration..." The treater also states that the patient has history of post-traumatic early osteoarthritis for which Kera-Tek gel is indicated. Hence, the request IS medically necessary.

Ondansetron 2mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability Guidelines. pain procedure summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) chapter, Antiemetics (for opioid nausea).

Decision rationale: The 52 year old patient presents with left knee pain, rated at 8/10, as per progress report dated 04/10/14. The request is for ONDANSETRON 2 mg # 60. There is no RFA for this case, and the patient's date of injury is 02/13/04. The diagnoses, as per progress report dated 04/10/14, included recurrent left knee pain, compensatory right knee pain, and lumbosacral sprain/strain. Medications included Norco, Kera-Tek gel and Ondansetron. The patient is working, as per the same progress report. Ondansetron (Zofran) is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. As per ODG Guidelines, Pain (Chronic) chapter, Antiemetics (for opioid nausea), the medication is "Not recommended for nausea and vomiting secondary to chronic opioid use." In this case, only one progress report has been provided for review. In the report dated 04/10/14, the treater states that patient suffers from nausea secondary to Norco use. Hence, the treater recommends a combination of Norco and Ondansetron. The RFA also includes the request for a combination drug. However, the UR determination discusses Norco and Ondansetron as two separate requests. Nonetheless, ODG guidelines do not recommend Ondansetron for nausea and vomiting secondary to opioid use. Hence, the request IS NOT medically necessary.