

<b>Case Number:</b>	CM15-0009122		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	10/24/2003
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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, Washington

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 injured worker is a 55 year old female, who sustained an industrial injury on 10/24/2003. She has reported subsequent back and knee pain and was diagnosed with degenerative joint disease of the knee, severe knee flexion contracture and lumbago with radiating pain. Treatment to date has included oral and topical pain medication and knee injections. In a progress note dated 12/17/2014, the injured worker complained of 10/10 right knee pain. The office visit note provides contradictory information regarding the effectiveness of pain medication on the injured worker's pain. While the first page notes that the injured worker's pain is 10/10 with and without medications, the fourth page of the visit note mentions that pain was improved to 4-5/10 with medications and that without medications the injured worker had decreased capability for ambulation. Objective physical examination findings were notable for an antalgic gait, restricted range of motion of the lumbar spine and knee with tenderness to palpation and positive Gaenslen's, straight leg raise, FABER and pelvic compression tests. A request for authorization of Norco, Flector, Tegaderm and Fentanyl patches was made. On 01/07/2015, Utilization Review non-certified a request for Norco, noting that the documentation doesn't support the efficacy of the medication, non-certified a request for Flector patches, noting that it does not meet indications and non-certified requests for Tegaderm patches and Fentanyl patches, noting that there is no evidence that these medications would help to reduce pain. MTUS and ODG guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tegaderm 2.375 by 2.75 dressing 2 3/8 by 2 3/4, One Patch every 3 days #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Wound Dressings.

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

**Decision rationale:** The request for Tegaderm 2.375 by 2.75 dressing 2 3/8 by 2 , one patch every 3 days #30 is non-certified. As the requested primary service is not supported by the documentation, the requested associated service is also not supported due to progress note dated 12/17/2014 stated tegaderm was required to help hold fentanyl patch in place. Therefore the request is not medically necessary.

**Norco 10/325mg 1-2 Tab PO every 4-6hrs PRN for Pain (max 7/day) #210: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, specific drug list; Weaning of Medications Page(s): 78-80; 91; 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 78.

**Decision rationale:** The request for Norco 10/325mg 1-2 tab by mouth every 4-6 hours prn for pain #210 is not medically necessary. The injured worker has been diagnosed with degenerative joint disease, severe knee flexion contracture and lumbago with radiating pain. Per CA MTUS guidelines, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be documented. Per office note dated 12/17/2014, the injured worker rated pain as 10/10 with and without pain medication. The patient continues to have pain at the right knee and activity level had decreased. During the same office visit, it is documented that the injured worker's pain level improved to 4-5/10 with medication and could walk for 30 to 40 minutes at a time. Without medication, the injured worker could stand and walk for less than 10 minutes at a time. Per CA MTUS, Norco is taken as a break through regimen. The MED is greater than 120mg. The request is excessive, therefore Norco 10/325mg 1-2 tab by mouth every 4-6 hours prn for pain #210 is not medically necessary.

**Fentanyl 50mcg/hr patch, 1 patch to skin every 3 days #10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Opioids, specific drug list Page(s): 93, 111. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/18311065> - Evaluation of the 2.5 mg fentanyl patch, applied using the half-side application procedure in patients with cancer pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 93.

**Decision rationale:** The request for Fentanyl 50mcg/hr patch to skin every 3 days #10 is not medically necessary. The injured worker is noted to be taking oral and topical pain medication as well as knee injections for work related injury that occurred on 10/24/2003. Per CA MTUS guidelines, Fentanyl is recommended for persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. The progress note dated 12/17/2014, the injured worker is receiving steroid injection in the every 1-3 months for knee pain. Documentation had contraindications regarding the injured worker's pain levels and compliance of prescribed opioid medication. The MED is greater than 120mg. Therefore, the request for Fentanyl 50mcg/hr patch to skin every 3 days #10 is not medically necessary.

**Flector 1.3% patch apply 12 hours/day PRN #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Flector patch (diclofenac epolamine).

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

**Decision rationale:** The request for Flector 1.3% patch apply 12 hours a day prn #30 with one refill is not medically necessary. Per CA MTUS, topical drugs 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 no documentation that the injured worker had neuropathic pain. There is no evidence to support that the Flector patch is the best medication to treatment degenerative joint disease; therefore the request for Flector 1.3% patch apply 12 hours a day prn #30 with one refill is not medically necessary.