

<b>Case Number:</b>	CM15-0146809		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	07/18/2011
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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

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 64 year old female, who sustained an industrial injury on 7-18-11. Initial complaints were not reviewed. The injured worker was diagnosed as having right knee internal derangement; left knee medial meniscus. Treatment to date has included status post right foot surgery (8-20-12); status post left knee arthroscopy partial medial and partial lateral meniscectomy (no date); status post right knee arthroscopy resection anterior horn tears, lateral and medial menisci; resection of posterior horn medial meniscus right knee (2-18-14); physical therapy; Hyalgan injections; medications. Diagnostics studies included MRI right knee (11-16-11); X-ray left knee (2-17-15); MRI left knee (2-24-15). Currently, the PR-2 notes dated 7-14-15 are hand written and difficult to decipher. The notes indicated the injured worker complains of the right knee being no better with persistent pain rating intensity as 8 out of 10 but decreased with Norco 6 out of 10. The injured worker is a status post right knee arthroscopy resection anterior horn tears, lateral and medial menisci; resection of posterior horn medial meniscus right knee on 2-18-14. This is the third right knee arthroscopy. She is frustrated with pain and postoperative residual pain is great on palpation and range of motion is 0-90 and 0-100 on the left with positive McMurray's. A MRI of the right knee dated 2-17-15 impression reveals moderate cystic degeneration of the anterior cruciate ligament with no anterior translation of the tibia relative to the femur. Correlate for any clinical evidence of ACL instability although this may be a clinically silent lesion. There is tricompartmental osteoarthritis worse at the medial femorotibial compartment where the changes are severe with full thickness cartilage loss and large osteophytes. There is chronic and irregular tearing involving the anterior corner of the

lateral meniscus. At least a moderate sized joint effusion with presence of a small Baker's cyst. Suspect osteonecrosis versus less likely a chondroid lesion of the distal femoral metaphysis. A MRI of the left knee dated 2-24-15 impression reveals severe osteoarthritic changes at the medial femorotibial compartment with associated extensive complex tearing of the medial meniscus. Subchondral cystic changes and edema and subchondral bone plate thinning at the middle weight bearing portion of the medial femoral condyle could reflect a chronic insufficiency fracture or an entity known as spontaneous osteonecrosis of the knee and is likely associated with the complex medial meniscus tearing. There is intact cruciate ligaments and lateral meniscus. Also noted are areas of full thickness cartilage loss with prominent subchondral cystic changes at the lateral tibial plateau. Overall, moderate to severe degenerative cartilage loss at the patellofemoral compartment. . The provider is requesting a series of 3 Hyalgan injections for the right knee and medications. The provider is requesting authorization of Norco 10/325mg one by mouth every 3-6 hours as needed #140 and Flector patches for the knees every 12 hours #30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg one by mouth every 3-6 hours as needed #140: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89, 90.

**Decision rationale:** The 64 year old patient complains of pain in bilateral knees, and has been diagnosed with right knee internal derangement and left knee medial meniscus tear, as per progress report dated 07/14/15. The request is for NORCO 10/325mg one by mouth every 3-6 hours as needed #140. There is no RFA for this case, and the patient's date of injury is 07/18/11. Requested medications, as per progress report dated 07/14/15, included Norco and Flector patches. The patient is status post resection of anterior and posterior horn tears medial meniscus on 02/18/14, as per the operative report. MRI of the right knee, dated 02/17/15, revealed moderate cystic degeneration of the anterior cruciate ligament and tricompartmental osteoarthritis worse at the medial femorotibial compartment. MRI of the left knee, dated 02/24/1, revealed severe osteoarthritic changes at medial femorotibial compartment along with subchondral cystic changes and edema. The patient is off work, as per progress report dated 06/16/15. 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 p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, the progress reports are handwritten

and illegible. A prescription for Norco is first noted in progress report dated 05/27/14, and the patient has been using the opioid consistently at least since then. As per progress report dated 07/14/15, the patient's pain level decreases from 8/10 to 6/10 with the use of Norco. The treater, however, does not provide specific examples that indicate improvement in function. No CURES and UDS reports are available for review. There is no discussion regarding the side effects of Norco as well. MTUS requires a clear documentation regarding impact of Norco on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, the request is not medically necessary.

**Flector patches for the knees every 12 hours #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Knee and Leg Procedure Summary Online Version last updated 05/05/2015.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Flector patch.

**Decision rationale:** The 64 year old patient complains of pain in bilateral knees, and has been diagnosed with right knee internal derangement and left knee medial meniscus tear, as per progress report dated 07/14/15. The request is for Flector patches for the knees every 12 hours #30. There is no RFA for this case, and the patient's date of injury is 07/18/11. Requested medications, as per progress report dated 07/14/15, included Norco and Flector patches. The patient is status post resection of anterior and posterior horn tears medial meniscus on 02/18/14, as per the operative report. MRI of the right knee, dated 02/17/15, revealed moderate cystic degeneration of the anterior cruciate ligament and tricompartmental osteoarthritis worse at the medial femorotibial compartment. MRI of the left knee, dated 02/24/15, revealed severe osteoarthritic changes at medial femorotibial compartment along with subchondral cystic changes and edema. The patient is off work, as per progress report dated 06/16/15. Regarding topical NSAIDs, MTUS Topical Analgesics, pg 111-113 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." ODG Guidelines, chapter Pain and Topic Flector patch state that "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector efficacy beyond two weeks." In this case, the progress reports are handwritten and illegible. A prescription for patches is noted in progress report dated 12/24/14. However, the treater does not mention the type of patch. In a subsequent report dated 04/07/15, the treater specifically states that the patient is using Flector patches. In a recent report dated 07/14/15, the treater states that Flector patches and Norco offer greater than 40% pain relief. The patient does suffer from osteoarthritis of bilateral knees, as per MRI reports dated 02/17/15 and 02/24/15. MTUS, however, recommends only short-term (4-12 weeks) use of the patch and the treater's current request exceeds that limit. Hence, the request is not medically necessary.