

Case Number:	CM15-0166665		
Date Assigned:	09/04/2015	Date of Injury:	09/01/2004
Decision Date:	10/08/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/25/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 61 year old female who sustained an industrial injury on 9-1-04. Initial complaints were not reviewed. The injured worker was diagnosed as having bilateral knee patellofemoral syndrome; probable bilateral knee mild degenerative joint disease involving the medial compartments; and possible right knee medial meniscus tear. Treatment to date has included physical therapy and medications. Diagnostics studies included MRI left knee without contrast (7-22-15). Currently, the PR-2 notes dated 7-9-15 indicated the injured worker complains of right knee pain rated at 8 out of 10 and left knee pain rated at 7 out of 10. Medications include hydrocodone 7.5 mg twice a day, over-the-counter ibuprofen, pantoprazole 20 mg twice a day, Ambien 10 mg at bedtime, and Lidoderm patches. The injured worker reports the medication facilitates significant increase in tolerance to a variety of activities. Objective findings note tenderness to the right and left knees. The range of motion of both knees is limited by pain. There is a surgical history for the right knee as a status post total knee arthroplasty April 2010 and findings of osteoarthritis left knee as compensatory. The left knee is documented by the provider as refractory to treatment to date and meniscal pathology-internal derangement cannot be ruled out. The MRI of the left knee dated 7-22-15 impressions were consistent with mild chondromalacia patella, mild degeneration of the medial meniscus, no meniscal tear identified medially or laterally, and a synovial or ganglion cyst is apparent posterocentral to the joint. The provider requested authorization of hydrocodone 7.5 mg, #60 and Ketoprofen 10%, Gabapentin 6%, Bupivacaine HCL 5%, Cyclobenzaprine HCL 2%, Clonidine HCL 0.2%, Sodium Hyaluronate 0.2%, apply 1-2 pumps to affected area 3-4 times per day, 300g with 3 refills (each pump 1.5 grams), which was non-certified by Utilization Review on 8-11-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

Decision rationale: The cited CA MTUS guidelines recommend short acting opioids, such as hydrocodone, for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's most recent records from 8-6-15 included documentation of the pain without medications, no significant adverse effects or aberrant behavior, pain contract on file, history of urine drug testing; however, the notes did not include pain with medication, objective functional improvement, and performance of necessary activities of daily living. Appropriate follow-up has been performed monthly. Also, weaning of opioids should be routinely reassessed and initiated as soon as indicated by the treatment guidelines, which was advised by Utilization Review on 3-20-15. Based on the available medical information showing no sustained functional improvement and previous attempt at weaning, hydrocodone 7.5 mg #60 is not medically necessary and appropriate for ongoing pain management.

Ketoprofen 10%, Gabapentin 6%, Bupivacaine HCL 5%, Cyclobenzaprine HCL 2%, Clonidine HCL 0.2%, Sodium Hyaluronate 0.2%, apply 1-2 pumps to affected area 3-4 times per day, 300g with 3 refills (each pump 1.5 grams): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The CA MTUS guidelines on topical analgesics describe topical treatment as an option; however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily used for neuropathic pain when first-line agents, such as antidepressants and anticonvulsants, have failed. In addition, gabapentin and cyclobenzaprine for example, are not recommended as a topical ingredient by the MTUS, and as the guidelines state, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for and Ketoprofen 10%, Gabapentin 6%, Bupivacaine HCL 5%, Cyclobenzaprine HCL 2%, Clonidine HCL 0.2%, Sodium Hyaluronate 0.2%, apply 1-2 pumps to affected area 3-4 times per day, 300g with 3 refills (each pump 1.5 grams) cannot be deemed medically necessary and appropriate.