

Case Number:	CM15-0196230		
Date Assigned:	10/09/2015	Date of Injury:	02/02/2012
Decision Date:	11/19/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/06/2015

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: Massachusetts

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 51 year old male who sustained an industrial injury on February 02, 2012. A recent primary treating office visit dated September 02, 2015 reported subjective complaint of "right knee pain." His quality of sleep is fair. Current medications listed: Norco, Pennsaid, Alprazolam, and Xanax. The worker is noted with allergy to: Ibuprofen, NSAIDs, and Salicylates. The following diagnosis was applied to this visit: joint replaced knee. He is status post right knee replacement. There is note of pending consultation authorization, acupuncture, Flector patches. There is note of the "patient able to continue to work full time with aid of Norco," He notes "functional benefit and pain relief with this medication." The following were prescribed this visit: Norco, and Pennsaid. Primary follow up dated April 22, 2015 reported subjective complaint of "bilateral knee pain." Current medication listed: Flector patches, Norco, Alprazolam, and Xanax. On September 09, 2015 a request was made for Norco 5mg 325mg #60, and Pennsaid 2% solution that were noncertified by Utilization Review on September 16, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5-325mg, 1-2 tabs daily as needed, QTY: 60.00: Overturned

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 for chronic pain, Opioids, criteria for use, Opioids, long-term assessment. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2): 149-58.

Decision rationale: The claimant sustained a work injury in February 2012 and underwent a right partial knee replacement in August 2013 and is being treated for chronic right knee pain. Medications are referenced as decreasing pain from 7/10 to 6/10 but also as allowing the claimant to remain functional including continuing to work. The claimant has an allergy to oral non-steroidal anti-inflammatory medications. When seen, the claimant was paying out of pocket for medications. Physical examination findings included a body mass index over 31. There was right knee tenderness with a mild effusion. There was a nonantalgic gait. Norco and Pennsaid were prescribed. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. The claimant is expected to have somewhat predictable activity related breakthrough pain (i.e. incident pain) when standing and walking consistent with the history of injury and surgery. There are no identified issues of abuse or addiction and, although medications are not providing what is considered a clinically significant decrease in pain, they are reported as allowing for maintenance of function including being able to work. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Pennsaid 2% solution SIG: apply to affected body part 2-3 times per day prn pain, QTY: 2: Overturned

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

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

Decision rationale: The claimant sustained a work injury in February 2012 and underwent a right partial knee replacement in August 2013 and is being treated for chronic right knee pain. Medications are referenced as decreasing pain from 7/10 to 6/10 but also as allowing the claimant to remain functional including continuing to work. The claimant has an allergy to oral non-steroidal anti-inflammatory medications. When seen, the claimant was paying out of pocket for medications. Physical examination findings included a body mass index over 31. There was right knee tenderness with a mild effusion. There was a nonantalgic gait. Norco and Pennsaid were prescribed. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant has intolerance of oral medications and has localized right knee pain that appears amenable to topical treatment. Generic medication is available. This request for Pennsaid is considered medically necessary.