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| Case Number: | CM15-0217206 | | |
| Date Assigned: | 11/09/2015 | Date of Injury: | 12/10/2013 |
| Decision Date: | 12/24/2015 | UR Denial Date: | 10/27/2015 |
| Priority: | Standard | Application Received: | 11/04/2015 |

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:

This 61 year old female sustained an industrial injury on 12-10-13. Documentation indicated that the injured worker was receiving treatment for left medial meniscus degeneration, chondromalacia condyle and patellar subluxation. Previous treatment included physical therapy and medications. In a PR-2 dated 6-10-15, the injured worker complained of left knee pain, rated 7 out of 10 on the visual analog scale associated with giving way, weakness and stiffness. Physical exam was remarkable for knee with full range of motion with the exception of 20 degrees flexion deficit, positive Apley's, positive patellar tilt and positive compression grating. The treatment plan included magnetic resonance imaging and x-rays of the left knee and course of Medrol and initiating Diclofenac and Norco. In a PR- 2 dated 10-5-15, the injured worker complained of knee pain associated with giving way, tingling and instability. Physical exam was remarkable for was unchanged. The treatment plan included requesting authorization for arthroscopic surgery with chondroplasty and lateral release, physical therapy twice a week for six weeks and a prescription of Norco and Diclofenac. On 10-27-15, Utilization Review noncertified a request for Diclofenac 75mg #60 and Norco 10-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 75mg #60 bid: 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): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Diclofenac.

Decision rationale: Based on the 8/4/15 progress report provided by the treating physician, this patient presents with giving way, numbness/tingling, weakness, instability, and pain of the left knee. The treater has asked for DICLOFENAC 75MG #60 BID on 10/5/15. The patient's diagnoses per request for authorization dated 10/5/15 are Grade II Chond Medial, Grade II Chond Pat Fem, Patellar Subluxation, and Chondral Defect. The patient has loss of range of motion of the lower extremities. The patient is using a cane to ambulate per 10/5/15 report. Physical exam dated 6/10/15 shows effusion, atrophy, loss of strength in the left lower extremity. The patient is to remain off work until December 2015 per 10/5/15 report. MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. ODG-TWC, Pain (Chronic) Chapter, under Diclofenac states: "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack, that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk. For people at very low risk, it may be an option. (McGettigan, 2011)" Treater does not discuss the request. The patient is currently taking Diclofenac and has been taking since at least 6/10/15. Utilization review letter dated 10/27/15 denies request due to lack of documentation of efficacy. MTUS supports NSAIDs, given patient's diagnosis and symptoms. However, ODG supports Voltaren (Diclofenac) when other NSAIDs have failed and the patient is at a very low risk profile. In this case, there is no evidence in provided medical records that other NSAIDs have been trialed and failed, and patient's risk profile has not been addressed. Given lack of documentation, this request cannot be warranted based on guidelines. Therefore, the request IS NOT medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 8/4/15 progress report provided by the treating physician, this patient presents with giving way, numbness/tingling, weakness, instability, and pain of the left knee. The treater has asked for NORCO 10/325MG #120 on 10/5/15. The patient's diagnoses per request for authorization dated 10/5/15 are Grade II Chond Medial, Grade II Chond Pat Fem,

Patellar Subluxation, and Chondral Defect. The patient has loss of range of motion of the lower extremities. The patient is using a cane to ambulate per 10/5/15 report. Physical exam dated 6/10/15 shows effusion, atrophy, loss of strength in the left lower extremity. The patient is to remain off work until December 2015 per 10/5/15 report. MTUS, Criteria For Use of Opioids Section, pages 88 and 89 states that "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria For Use of Opioids Section, 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, Criteria For Use of Opioids Section, page 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." The treater does not discuss this request in the reports provided. The patient has been taking Norco since at least 6/10/15. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. There is no UDS, no CURES and no opioid contract provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request IS NOT medically necessary.