MAXIMUS Federal Services

Case Number:	CM15-0042363		
Date Assigned:	03/12/2015	Date of Injury:	06/30/2006
Decision Date:	04/22/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/06/2015

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: 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 53 year old male, who sustained an industrial injury on 6/30/06. He has reported right knee injury. The diagnoses have included status post right knee ACL reconstruction and partial medial meniscectomy with post traumatic arthritis. Treatment to date has included medications, diagnostics, knee brace, crutches, physical therapy, surgery, injections, Home Exercise Program (HEP) and Transcutaneous Electrical Nerve Stimulation (TENS). Surgery has included status post right knee ACL reconstruction and partial medial meniscectomy with post traumatic arthritis on 11/2003. Currently, as per the physician progress note dated 1/27/15, the injured worker complains of intermittent pain about the right knee which has been unchanged. The pain was rated 7/10 on pain scale. He returned also for orthovisc injection number 1 to the right knee. He has been working regular duty and has not been in therapy. He has been doing Home Exercise Program (HEP) and taking his medications. The current medications included Celebrex and Norco. The physical exam of the right knee revealed full range of motion, no instability, and mild crepitation with mild swelling noted. The Treatment Plan included re-fill of Celebrex as this helps with activities of daily living (ADL's) and to continue working. The first orthovisc injection number 1 to the right knee was given. He was given a prescription for Pensaid to use topically for breakthrough pain. Prescription for Transcutaneous Electrical Nerve Stimulation (TENS) unit supplies as he avoids the use of narcotics with use of the Transcutaneous Electrical Nerve Stimulation (TENS). Follow up in 1 week for second orthovisc injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 90 with 1 refill, take 1 tablet every 6 hours as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-89, 90.

Decision rationale: The patient presents with right knee pain rated at 7-8/10. The request is for NORCO 10/325MG QTY 90 WITH 1 REFILL, TAKE 1 TABLET EVERY 6 HOURS AS NEEDED. The request for authorization is not provided. The patient is status-post arthroscopic surgery, 11/2003, 12/13/06 and 11/14/07. MRI of the right knee, 04/12/14, shows osteophytes in the intercondylar notch, medial and lateral femoral condyle arthritis without grade 4 changes. He does have arthritis in the knee. The patient has had Orthovisc and Cortizone injections. The patient is using a brace, TENS unit and doing home exercise program. The patient's medications include Celebrex, Norco and Pennsaid. The patient is working regular duty. 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 p90 maximum dose for Hydrocodone 60mg/day. Treater does not specifically discuss this medication. The patient is prescribed Norco since at least 05/27/14. MTUS requires appropriate discussion of the 4A's; however, in addressing the 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Norco. No validated instrument is used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. There is no UDS, CURES or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

Topical Pennsaid Solution 2%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with right knee pain rated at 7-8/10. The request is for TOPICAL PENNSAID SOLUTION 2%. The request for authorization is not provided. The patient is status-post arthroscopic surgery, 11/2003, 12/13/06 and 11/14/07. MRI of the right knee, 04/12/14, shows osteophytes in the intercondylar notch, medial and lateral femoral condyle

arthritis without grade 4 changes. He does have arthritis in the knee. The patient has had Orthovisc and Cortizone injections. The patient is using a brace, TENS unit and doing home exercise program. The patient's medications include Celebrex, Norco and Pennsaid. The patient is working regular duty. Regarding topical analgesics, MTUS, pg 111-113, Topical Analgesics state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed."Topical Analgesics: Non-steroidal antinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period."Per progress report dated, 01/27/15, treater's reason for the request is "he can use it during the day to keep himself working. It will help for breakthrough pain." Patient's diagnosis include partial medial meniscectomy with posttraumatic arthritis. Pennsaid would be indicated for peripheral joint arthritis/tendinitis, which the patient presents with, however, MTUS recommends topical NSAIDs for short term duration. Pennsaid has been prescribed in progress report dated 10/14/14, which is almost 4 months from the UR date of 02/05/15, exceeding MTUS recommendation. Additionally, treater's request for Pennsaid is for an unspecified quantity with no directions. MTUS p8 require that the treater provide monitoring of the patient's progress and there is insufficient information provided regarding this request. Furthermore, the treater does not discuss how this Pennsaid decreases pain and improves function, as required by MTUS. Therefore, the request IS NOT medically necessary.