MAXIMUS Federal Services

Case Number:	CM15-0044954		
Date Assigned:	04/17/2015	Date of Injury:	03/26/2003
Decision Date:	05/15/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/10/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 54-year-old who has filed a claim for chronic knee pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of March 26, 2003. In a Utilization Review report dated February 20, 2015, the claims administrator failed to approve requests for oral Norco and topical Pennsaid cream. The claims administrator referenced a February 9, 2015 progress note in its determination. The claims administrator stated that the decision to deny the medications was based, in part, on previous unfavorable Utilization Review reports. The claims administrator contended that the applicant had failed to profit from ongoing Norco usage. The applicants attorney subsequently appealed. In a February 9, 2015 progress note, the applicant reported ongoing complaints of knee and low back pain with derivative complaints of depression and sexual dysfunction. The applicant had co-morbidities including diabetes and hypertension, it was acknowledged. The applicant reported an average pain score of 7/10, it was stated in another section of the note. The applicant's medications included Norco, aspirin, Tenormin, Lipitor, Effexor, enalapril, TriCor, Neurontin, Lamictal, metformin, Pamelor, Remeron, Niaspan, and Zoloft, it was suggested. Ongoing complaints of knee pain were reported. The applicant was apparently involved in Little League with his son, it was stated in one section of the note. This was not elaborated upon, however. The applicant had undergone multiple knee surgeries, culminating in a total knee arthroplasty, it was stated. The applicant did not appear to be working with permanent restrictions in place. The applicant exhibited a significantly altered gait. Norco was renewed. It appeared that Pennsaid was endorsed on a first-time basis. The note was very difficult to follow

as it mingled historical issues with current issues. In a progress note dated October 8, 2014, the applicant reported ongoing complaints of knee pain. The applicant was using Zoloft, Pamelor, Niaspan, Remeron, metformin, Lamictal, Neurontin, TriCor, enalapril, Effexor, Lipitor, Tenormin, aspirin, and Norco, it was acknowledged. The applicant did not appear to be working, with restrictions in place. The applicant reported difficulty ambulating and stated that his knee was buckling from time to time. Norco was renewed while the applicant was kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #90 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off work, it was acknowledged on progress notes of late 2014 and early 2015, referenced above. The applicant continued to report pain complaints averaging 7/10, despite ongoing Norco consumption, it was stated in one note and 8/10 in another note. The applicant continued to report difficulty performing activities of daily living as basic as standing and walking, despite ongoing Norco usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. The request IS NOT medically necessary.

Pennsaid 2 Percent Topical Cream: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

Decision rationale: Conversely, the request for topical Pennsaid cream was medically necessary, medically appropriate, and indicated here. The request was framed as a first-time request for the same. Topical Pennsaid is a derivative of topical Voltaren. Topical Voltaren, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines is indicated in the treatment of small joint arthritis and joints, which lend themselves toward topical application, such as the knee, the primary pain generator here. The applicant was described as having ongoing issues

with knee arthritis status post multiple earlier knee surgeries. Introduction of Pennsaid was, thus, indicated on or around the date in question. Therefore, the request was medically necessary.