

Case Number:	CM15-0049190		
Date Assigned:	03/23/2015	Date of Injury:	03/23/2005
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/16/2015

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 59 year old female who sustained a work related injury March 23, 2005. Past history included right knee arthroscopy with reconstruction, 2008. According to a pain and wellness centers physician's follow-up notes, dated January 30, 2015, the injured worker presented with chronic low back pain with radiation to the hips and right knee pain. There is joint swelling of the right knee with tenderness and stiffness of the right knee joint. Diagnoses included osteoarthritis of knee; lumbago; degeneration of lumbar intervertebral disc; and chronic pain syndrome. Treatment plan included increase home exercise program as tolerated, refill Norco, and prescription for Pennsaid Solution topically.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 #45 No refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-90.

Decision rationale: The patient presents with chronic low back pain with radiation to the hips and right knee pain. The request is for Hydrocodone 10/325 #45 No Refills. The RFA provided is dated 02/10/15. Patient's diagnosis included osteoarthritis of knee; lumbago; degeneration of lumbar intervertebral disc; and chronic pain syndrome. Physical examination noted joint swelling of the right knee with tenderness and stiffness of the right knee joint. Patient is temporarily totally disabled. 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 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." The prescription for Hydrocodone was mentioned in the progress reports dated 10/31/14 and 12/01/14. In this case, treater has not stated how Hydrocodone reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments that address analgesia. The 4A's are not specifically addressed including discussions regarding adverse reactions, aberrant drug behavior, ADL's, etc. There are no discussions in relation to the UDS's, opioid pain agreement, or CURES reports, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Hydrocodone 10/325 #45 No refills- Do not fill prior to 3/1/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-90.

Decision rationale: The patient presents with chronic low back pain with radiation to the hips and right knee pain. The request is for hydrocodone 10/325 #45 no refills. Do not fill prior to 3/1/2015. The RFA provided is dated 02/10/15. Patient's diagnosis included osteoarthritis of knee; lumbago; degeneration of lumbar intervertebral disc; and chronic pain syndrome. Physical examination noted joint swelling of the right knee with tenderness and stiffness of the right knee joint. Patient is temporarily totally disabled. 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 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." The prescription for Hydrocodone was mentioned in the progress reports dated 10/31/14 and 12/01/14. In this case, treater has not stated how Hydrocodone reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments that address analgesia. The 4A's are not specifically addressed including discussions regarding adverse reactions, aberrant drug behavior, ADL's, etc. There are no discussions in relation to the UDS's, opioid pain agreement, or CURES reports, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Pennsaid 20mg (2%) 2 pumps to affected knee (s) @ 2 (112gm bottles) Refills 3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Pain Outcomes and Endpoints Page(s): 111-113, 8-9.

Decision rationale: The patient presents with chronic low back pain with radiation to the hips and right knee pain. The request is for Pennsaid 20 Mg (2%) 2 Pumps To Affected Knee (S) @ 2 (112gm Bottles) Refills 3. The RFA provided is dated 02/10/15. Patient's diagnosis included osteoarthritis of knee; lumbago; degeneration of lumbar intervertebral disc; and chronic pain syndrome. Physical examination noted joint swelling of the right knee with tenderness and stiffness of the right knee joint. Patient is temporarily totally disabled. MTUS chronic pain medical treatment guidelines, pages 111-113, for Topical Analgesics under the section on "topical NSAIDs" states: this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). MTUS specifically states "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder". MTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: "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". The patient's diagnosis included osteoarthritis of knee. Physical examination noted joint swelling of the right knee with tenderness and stiffness of the right knee joint. The records do not show a history of Pennsaid use. In this case, the patient meets the indication for the use of a topical NSAID which is for relief of osteoarthritis pain in joints that lend themselves to topical treatment such as knee; however, MTUS requires documentation of a satisfactory response or functional improvement to continued use. The current request for three (3) refills does not meet the MTUS criteria for continued use of the topical NSAID. Therefore, the requested Pennsaid topical is not medically necessary.