

Case Number:	CM15-0085482		
Date Assigned:	05/07/2015	Date of Injury:	03/04/2013
Decision Date:	06/09/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/04/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker was a 66 year old male, who sustained an industrial injury, March 4, 2013. The injured worker was injured during a fall at work. The injured worker previously received the following treatments aqua therapy, knee MRI, knee x-ray, Pennsaid topical solution and Norco. The injured worker was diagnosed with chronic pain, osteoarthritis of the knee, derangement of the knee, bilateral knee pain, degeneration of the lumbar intervertebral disc, left knee surgery times 13 and left total knee replacement times 3. According to progress note of April 23, 2015 the injured workers chief complaint was persistent pain in the bilateral knees and low back. The Norco offered mild improvement of pain. The Pennsaid topical solution was used on an as need basis for knee pain. The injured worker rated the pain at 5-7 out of 10. The pain was described as aching. Stabbing and throbbing; constant but variable in intensity. The physical exam noted the injured worker was having difficulty with sit to stand transfers, moderate swelling, left knee associated restricted knee flexion left greater than the right and positive crepitus to the bilateral knees. The treatment plan included two different prescription renewals for Norco and Pennsaid solution.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are osteoarthritis knee; derangement of knee; knee pain; degeneration lumbar intervertebral disc. The documentation shows the injured worker was using Norco 7.5/325mg in a December 31, 2014 progress note. In a February 3, 2015 progress note, the injured worker's Norco was increased from Norco 7.5mg to Norco 10/325 mg. The VAS pain scale was 7/10. Pennsaid solution was started on February 3, 2015 PRN. In the most recent progress note dated April 16, 2015 (request for authorization April 23, 2015), the injured worker needed a refill of Norco. Subjectively, the documentation indicates Norco provided mild improvement with an elevated VAS pain score was 5-7/10. There was no objective evidence of functional improvement document. There was no risk assessment in the medical record. There was no detailed pain assessment and medical record. Consequently, absent compelling clinical documentation with evidence of objective functional improvement to support ongoing Norco 10/325 mg with continued elevated VAS pain scores, Norco 10/325mg # 60 is not medically necessary.

Norco 10/325mg, #60 do not refill until 04/16/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 60 do not refill until April 16, 2015 is not medically necessary. Ongoing, chronic opiate use requires working I will and I ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to

treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are osteoarthritis knee; derangement of knee; knee pain; degeneration lumbar intervertebral disc. The documentation shows the injured worker was using Norco 7.5/325mg in a December 31, 2014 progress note. In a February 3, 2015 progress note, the injured worker's Norco was increased from Norco 7.5mg to Norco 10/325 mg. The VAS pain scale was 7/10. Pennsaid solution was started on February 3, 2015 PRN. In the most recent progress note dated April 16, 2015 (request for authorization April 23, 2015), the injured worker needed a refill of Norco. Subjectively, the documentation indicates Norco provided mild improvement with an elevated VAS pain score was 5-7/10. There was no objective evidence of functional improvement document. There was no risk assessment in the medical record. There was no detailed pain assessment and medical record. Absent compelling clinical documentation with evidence of objective functional improvement to support ongoing Norco 10/325 mg with continued elevated VAS pain scores, Norco 10/325mg # 60 is not medically necessary. Consequently, Norco 10/325mg # 60 is not medically necessary, therefore a second prescription Norco 10/325mg#60 not to be refilled (DNR) until April 16, 2015 is not medically necessary.

Pennsaid Solution 2%, #3, 112gram Bottle with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Pennsaid 2% solution #3, #112gm bottle with 3 refills is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Pennsaid (diclofenac topical solution) is FDA approved for osteoarthritis of the knee. In this case, the injured worker's working diagnoses are osteoarthritis knee; derangement of knee; knee pain; degeneration lumbar intervertebral disc. Pennsaid solution was started on February 3, 2015 PRN. Pennsaid is indicated for osteoarthritis of the knee. The treating provider documents osteoarthritis of the knee. Pennsaid was started February 3, 2015 with a request for three refills. Three refills are not clinically indicated without evidence of objective functional improvement. There is no documentation of objective functional improvement in the medical record to support ongoing Pennsaid solution refills. Consequently, absent clinical documentation with objective functional improvement to support ongoing Pennsaid solution refills, Pennsaid 2% solution #3, #112gm bottle with 3 refills is not medically necessary.