

Case Number:	CM13-0068333		
Date Assigned:	01/03/2014	Date of Injury:	09/19/2011
Decision Date:	10/24/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/19/2013

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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in Virginia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 57 year old patient who sustained injury on Sept 19 2011 .She was diagnosed with left knee bursitis. She underwent a knee arthroscopy, synvisc injections and partial knee replacement and then a revision of her total knee replacement. [REDACTED] saw the patient on June 24 2013 and recommended norco and left knee surgery. In a visit on Dec 10 2013, she was prescribed physical therapy, steroid injections and Euflexxa versus knee arthroscopy. She was prescribed trazodone, Ativan, wellbutrin, Adderall by [REDACTED]. The patient was to be prescribed hydrocodone bit/acet, omeprazole , ibuprofen and compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 117-119.

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

Decision rationale: Per MTUS, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little

to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Per the documentation provided, there is no description of the components of the compound cream. As such, the request is not medically necessary.

Hydrocodone 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-88, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone Page(s): 51,74-75,76-88.

Decision rationale: Hydrocodone is a semi-synthetic opioid which is considered the most potent oral opioid that does not require special documentation for prescribing in some states (not including California). See Opioids. Pure-agonists: include natural and synthetic opioids such as morphine sulfate (MS Contin), hydromorphone (Dilaudid), oxycodone (Numorphan), levorphanol (Levo-Dromoran), codeine (Tylenol w/Codeine 3), hydrocodone (Vicodin), oxycodone (OxyContin), methadone (Dolophine HCl), and fentanyl (Duragesic). This group of opioids does not have a ceiling effect for their analgesic efficacy nor do they antagonize (reverse) the effects of other pure opioids. (Baumann, 2002) Morphine is the most widely used type of opioid analgesic for the treatment of moderate to severe pain due to its availability, the range of doses offered, and its low cost. Opiates are not recommended as first line therapy for short usage for osteoarthritic pain. The patient had been diagnosed with bursitis. The patient had received Norco in the past but did not demonstrate an improvement in pain or functioning. This medication, which contains another opiate, would therefore not be recommended.

Omeprazole DR 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

Decision rationale: Per MTUS, Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Per the documentation provided there is no indication that the patient had any risk factors which would require GI prophylaxis and therefore this would not be indicated.