

<b>Case Number:</b>	CM14-0129832		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	08/26/2010
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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:

The injured worker is a 36-year-old male with a reported date of injury on 08/26/2010. The mechanism of injury was noted to be from a twisting injury. His diagnoses were noted to include strain/sprain of the left knee with chondromalacia patella, status post extensor debridement, chondroplasty, microfracture of the patellofemoral to the left knee, occasional pain in the knee and back, and stomach irritation. His previous treatments were noted to include chiropractic treatment, physical therapy, surgery, and medications. The progress note dated 06/28/2014 revealed complaints of left knee pain, and difficulty doing things. The injured worker reported he had been trying to perform his home exercise program daily to maintain overall good strength. The injured worker reported the medications provided pain relief, and allowed him the ability to do things. The injured worker indicated he received the most relief with Norco. The injured worker indicated his pain level was 8/10 without medications and 5/10 with medications. The physical examination revealed no warmth, swelling, redness, or effusion to the left knee. There was crepitus in the left knee with flexion and extension. There was tenderness to palpation in the prepatellar and bilateral joint lines, medial greater than lateral. There was no instability in the left knee appreciated, but pain with the valgus/varus stress and passive knee flexion. There was a positive patellar grind test and pain during the orthopedic tests. The range of motion was noted to be -5 degrees of extension and 115 degrees of flexion with pain. The motor strength testing revealed 5-/5 rated strength to the left knee. The medications were noted to include omeprazole 20 mg twice daily, Norco 10/325 mg 4 times daily as needed, Terocin lotion daily, omeprazole twice daily as needed, and acetaminophen 500 mg every 8 hours as needed. The provider indicated to continue with Pennsaid 2, which was for knee pain, based on the relief obtained.

The Request for Authorization form was not submitted within the medical records. The request was for Norco 10/325 mg, quantity 120, for pain; and Pennsaid 2 #112 grams for knee pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg QTY: 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** The request for Norco 10/325 mg, quantity 120, is not medically necessary. The injured worker has been utilizing this medication since at least 12/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors should be addressed. The injured worker indicated without medications, his pain rated 8/10, and with medications, rated 5/10. The injured worker indicated the medications allowed him the ability to do things. There is a lack of documentation regarding side effects and whether the injured worker has had consistent urine drug screens, and when the last test was performed. Therefore, despite the evidence of significant pain relief, improved functional status, without details regarding side effects, and consistent urine drug screens, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized.

**Pennsaid 2 #112g:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation ODG-TWC.

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

**Decision rationale:** The request for Pennsaid 2 #112 grams is not medically necessary. The injured worker has been utilizing this medication since at least 03/2014. The California Chronic Pain Medical Treatment Guidelines indicate topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines also indicate that 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.

When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The guidelines' indications for topical NSAIDs is osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The FDA-approved agent for osteoarthritis pain is Voltaren gel 1% for pain in the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for the treatment of the spine, hip, or shoulder. The Pennsaid 2 is diclofenac sodium 2%, which exceeds guideline recommendation for diclofenac 1%. Additionally, the request failed to provide the frequency at which this medication is to be utilized. There was a lack of documentation regarding the injured worker having a diagnosis consistent with osteoarthritis.