

<b>Case Number:</b>	CM14-0152062		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	07/08/2009
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 patient is a 50-year-old female who sustained a work related injury on 07/08/2009 as result of an unknown mechanism of injury. Since then she has had left knee pain and has recently undergone a left knee medial meniscectomy per the Operative report dated 08/25/2014. The patient had documented left medial meniscal tear by MRI. Subjectively she complained of 3-4/10 left knee pain prior to her operation. No documentation is provided following her surgical procedure. In dispute is a decision for Hydrocodone-Acetaminophen 5/325mg #120 and Flexor Patches 1.3% #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone-Acetaminophen 5/325mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 75, 88, 91.

**Decision rationale:** Opioid Classifications: Short-acting/Long-acting opioids: Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain.

For higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. Opioids for Chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Oxycodone with acetaminophen, (Roxicodone, Roxicet, Percocet, Tylox, Endocet), Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet™; Lorcet, Lortab; Magesic-H, Maxidone™; Norco, Stagesic, Vicodin, Xodol, Zydol; generics available) is listed as indicated for moderate to moderately severe pain. Long term use of such medications (greater than 6 months) needs documented pain and functional improvement as compared to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. The patient is post-surgical and is certainly entitled to appropriate pain management for her post-operative pain. The request is medically necessary.

**Flexor Patches 1.3% #60:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Int J Clin Pract. Oct 2010;64(11): 1546-1553. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2984542/> FLECTOR PATCH 1.3% Int J Clin Pract Oct 2010;64(11): 1546-1553. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2984542/>

**Decision rationale:** A meta-analysis in 2004 by Mason et al. showed topical non-steroidal anti-inflammatory drugs (NSAIDs) to be effective and safe in treating acute painful conditions for 1 week. This systemic review of 26 double-blind, placebo-controlled trials showed clinically significant efficacy in 19 of 26 trials, with a pooled relative benefit of 1.6 and number needed to treat of 3.8 vs. placebo to achieve an outcome of approximately 50% reduction in pain at 7 days. The efficacy of DETP has been demonstrated in a number of studies for the treatment of strains and sprains. Overall, treatment was associated with a 61% reduction in pain on pressure and a 60% reduction in spontaneous pain. Topical NSAIDs may have potential advantages when compared with oral NSAIDs. Several studies demonstrate that, perhaps because of low systemic concentrations, topical NSAIDs have a reduced risk of upper gastrointestinal (GI) complications such as gastric and peptic ulcers, and GI nuisance symptoms such as dyspepsia, as well as a lack of drug-drug interactions, which leads to minimal side effects in general. The ease of use of a topical NSAID, as well as the subjective benefit associated with applying a topical preparation to a painful site, may result in better acceptance by patients and a possible increase in compliance. One of the topical NSAID formulations approved in the United States is the DETP. In contrast to other conventional formulations (e.g. creams, gels), DETP provides a defined dose to a defined area of skin for 12 h, requiring twice per day application. DETP has recently been approved for use in the United States for the topical treatment of acute pain caused by minor

strains, sprains and contusions. The patient is post-surgical and is certainly entitled to appropriate pain management for her post-operative pain.