

<b>Case Number:</b>	CM15-0121773		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	06/26/2009
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: Preventive Medicine, Occupational 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:

This 62 year old female sustained an industrial injury to the right knee on 6/26/09. Previous treatment included right total knee arthroplasty (2010), physical therapy, cane, psychiatric care and medications. X-rays of the right knee (3/6/15) showed normal hardware and alignment positioning with no surrounding stress fracture. In a progress note dated 3/5/15, the physician stated that the injured worker had experienced ongoing pain, swelling and instability to the right knee since surgery. The injured worker's pain had worsened over time. The knee occasionally gave out. The injured worker felt limited from walking and using stairs. The injured worker wanted to be able to walk for longer. The injured worker took Naproxen Sodium daily and Norco as needed. The injured worker currently rated her pain 5-6/10 on the visual analog scale. Physical exam was remarkable for right knee with global laxity and laxity upon varus and valgus stress. Current diagnoses included status post right total knee arthroplasty, painful right total knee arthroplasty and probable global laxity. The physician stated that the differential diagnosis for a painful total knee arthroplasty must include infection, loosening, malposition, mal-alignment or mal-rotation. The physician stated that the injured worker's pain was likely due to laxity and instability; however other causes needed to be ruled out. The treatment plan included laboratory studies, a three phase bone scan, computed tomography of the knee and continuing medications (Naproxen Sodium and Norco).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5 #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco for an extended period without objective documentation of functional improvement or significant decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 5 #60 is determined to not be medically necessary.

**Flurbiprofen Cream (unspecified quantity or dosing):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 67-73.

**Decision rationale:** Per MTUS guidelines, topical NSAIDs, have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. Topical flurbiprofen is not an FDA approved formulation; therefore, the request for Flurbiprofen cream (unspecified quantity or dosing) is determined to not be medically necessary.