

<b>Case Number:</b>	CM15-0125612		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	10/09/2002
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Physical Medicine & Rehabilitation

### 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 65 year old female sustained an industrial injury on 10/09/02. She subsequently reported right knee pain. Diagnoses include degenerative joint disease with patellofemoral syndrome. The injured worker continues to experience bilateral knee pain. Upon examination, there was swelling in the right knee. There was popping, crepitus type sensations with passive range of flexion to extension of the knee. A request for MS (morphine sulfate) Contin 60 mg Qty 60, Norco 10/325 mg Qty 150, Valium 10 mg Qty 30 and Voltaren gel 1% 100 g tube with 3 refills was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS (morphine sulfate) Contin 60 mg Qty 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain criteria for use of opioids Page(s): 60, 61, 88, 89, 76-78.

**Decision rationale:** The patient presents with constant pain with worsening pain more in the right knee than the left knee. The request is for MS (Morphine Sulfate) Contin 60 mg qty 60. The request for authorization is dated 05/15/15. Physical examination of her right knee reveals a very swollen knee. There is excessive laxity in all planes consistent with her knee replacement. There is a popping, crepitus type sensation with passive range of flexion to extension of the knee, which remains very painful. Left knee stability tests revealing some valgus laxity in excess. Patellar compression is painful. Crepitus is noted in flexion to extension passively. She reports 50% reduction in pain, 50% functional improvement with activities of daily living with the medications versus not taking them at all. At best a 4/10 with the medications, a 10/10 without them. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS p90, maximum dose for Hydrocodone, 60mg/day. Per progress report dated 05/13/15, treater's reason for the request is "for chronic pain." Patient has been prescribed MS Contin since at least 10/31/05. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how MS Contin significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing significant pain reduction with use of MS Contin. However, no validated instrument is used to show functional improvement. There is no documentation or discussion regarding adverse effects and aberrant drug behavior. No UDS, CURES or opioid contract. Therefore, given the lack of documentation as required by MTUS, the request is not medically necessary.

**Norco 10/325 mg Qty 150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain criteria for use of opioids Page(s): 60, 61, 88, 89, 76-78.

**Decision rationale:** The patient presents with constant pain with worsening pain more in the right knee than the left knee. The request is for NORCO 10/325 MG QTY 150. The request for authorization is dated 05/15/15. Physical examination of her right knee reveals a very swollen knee. There is excessive laxity in all planes consistent with her knee replacement. There is a popping, crepitus type sensation with passive range of flexion to extension of the knee, which remains very painful. Left knee stability tests revealing some valgus laxity in excess. Patellar compression is painful. Crepitus is noted in flexion to extension passively. She reports 50% reduction in pain, 50% functional improvement with activities of daily living with the medications versus not taking them at all. At best a 4/10 with the medications, a 10/10 without them. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and

functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS p90, maximum dose for Hydrocodone, 60mg/day. Per progress report dated 05/13/15, treater's reason for the request is for "breakthrough pain." Patient has been prescribed Norco since at least 11/15/04. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing significant pain reduction with use of Norco. However, no validated instrument is used to show functional improvement. There are no documentation nor discussion regarding adverse effects and aberrant drug behavior. No UDS, CURES or opioid contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

**Valium 10 mg Qty 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The patient presents with constant pain with worsening pain more in the right knee than the left knee. The request is for Valium 10 mg qty 30. The request for authorization is dated 05/15/15. Physical examination of her right knee reveals a very swollen knee. There is excessive laxity in all planes consistent with her knee replacement. There is a popping, crepitus type sensation with passive range of flexion to extension of the knee, which remains very painful. Left knee stability tests revealing some valgus laxity in excess. Patellar compression is painful. Crepitus is noted in flexion to extension passively. She reports 50% reduction in pain, 50% functional improvement with activities of daily living with the medications versus not taking them at all. At best a 4/10 with the medications, a 10/10 without them. MTUS guidelines state on page 24 that benzodiazepines are "not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Per progress report dated 05/13/15, treater's reason for the request is for "severe leg cramps." The patient has been prescribed Valium since at least 07/03/08. However, MTUS guidelines does not recommend its use for long-term and limits use to 4 weeks. The request for additional Valium qty 30 exceeds guideline recommendation, and does not indicate intended short-term use of this medication. Therefore,

the request is not medically necessary.

**Voltaren gel 1% 100 g tube with 3 refills:** Upheld

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

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

**Decision rationale:** The patient presents with constant pain with worsening pain more in the right knee than the left knee. The request is for Voltaren gel 1% 100 g tube with 3 refills. The request for authorization is dated 05/15/15. Physical examination of her right knee reveals a very swollen knee. There is excessive laxity in all planes consistent with her knee replacement. There is a popping, crepitus type sensation with passive range of flexion to extension of the knee, which remains very painful. Left knee stability tests revealing some valgus laxity in excess. Patellar compression is painful. Crepitus is noted in flexion to extension passively. She reports 50% reduction in pain, 50% functional improvement with activities of daily living with the medications versus not taking them at all. At best a 4/10 with the medications, a 10/10 without them. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. 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." Per progress report dated 05/13/15, treater's reason for the request is "for myofascial pain." The patient has been prescribed Voltaren Gel since at least 07/22/09. However, the patient does not present with peripheral joint arthritis/tendinitis, for which an NSAID lotion would be indicated. The request does not meet MTUS indications. Therefore, the request is not medically necessary.