

Case Number:	CM15-0174572		
Date Assigned:	09/16/2015	Date of Injury:	05/29/2010
Decision Date:	10/26/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/04/2015

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:

The injured worker is a 52 year old female with an industrial injury dated 05-29-2010. Review of the medical records indicate she is being treated for left knee medial meniscal tear, arthrosis, right knee medial meniscal tear, arthrosis, old bucket handle of medial meniscus and adhesive capsulitis of shoulder. She presented on 08-14-2015 for follow up of bilateral knee injuries. She reported pain, weakness and a feeling of instability. Symptoms were documented as worse on the left than the right with most of the pain in the medial knee. Other documented symptoms was a feeling of catching and grinding. Physical exam of the left knee noted "mild" swelling, "small" effusion, positive medial joint line tenderness, positive McMurray and Patellar grind test. Physical exam of the right knee noted "small" effusion, positive medial joint line tenderness, positive McMurray and Patellar grind test and positive pain on resisted knee extension. Her medications included Metformin, Novalog and Lantus Insulin, Butrans transdermal film and Bydureon powder for injection. Medications documented as "not taking" were Hydrocodone, Flector patch, Voltaren, NPH Insulin and Lisinopril. Prior progress notes documented the following: 03-13-2015, Left knee pain was rated as 9 out of 10. She was also complaining of right shoulder pain. She reported Butrans patched helped 50-60% for pain relief. "She is unable to do household chores." 03-20-2015, Right knee pain was rated as 6-7 out of 10 and 10 out of 10 in left knee. She was using a knee brace and received trigger point injections. 05-18-2015, Left knee pain was rated 9 out of 10 in severity. She received Synvisc injection to left knee. She received a prescription for refill of Butrans Patch. "She is able to do laundry but unable to do any garden work." 07-27-2015, She presented with bilateral knee pain. Pain rating is not present

in the note. Prior treatment was at least 4 sessions of physical therapy, trigger point injections to the knee, knee brace and rolling walker. Prior medications were Norco (documented on 12-21-2012 as being refilled.) Norco was discontinued on 12-24-2014. The provider documented the injured worker "refused" to take Norco. Medical record review indicated "Butrans patch is provided" on 03-10-2014 (documented in the 03-16-2015 qualified medical evaluation re-evaluation.) Work status is not documented in the most recent note (07-27-2015.)

Documentation in the medical records note she has remained permanent and stationary since 08-27-2013. The treatment request is for Norco 5/325 mg #90 and Butrans patch 20 mg #4. On 09-03-2015 the request for Norco 5/325 mg #90 and Butrans patch 20 mg #4 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 20mg #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: The 52 year old patient complains of pain, weakness and a feeling of instability in bilateral knees, as per progress report dated 08/14/15. The request is for Butrans Patch 20mg #4. There is no RFA for this case, and the patient's date of injury is 05/29/10. Diagnoses, as per progress report dated 08/14/15, included left knee medial meniscal tear and arthrosis, and right knee medial meniscal tear and arthrosis. The patient has also been diagnosed with chondromalacia. Medications, as per progress report dated 07/27/15, included Hydrocodone, Flector patch, Voltaren, Metformin, NPH, Novalog, Lantus, Lisinopril, Butrans patch, and Bydureon. As per progress report dated 05/18/15, the right knee pain is rated at 7/10, left knee pain is rated at 9/10, and right shoulder pain is rated at 8/10. The patient has also been diagnosed with adhesive capsulitis of the shoulder. Diagnoses, as per progress report dated 05/01/15, included right shoulder rotator cuff injury with tendinosis, right shoulder sprain/strain, bilateral knee contusion, bilateral knee sprain/strain, lumbosacral sprain/strain, and left S1 radiculopathy. The patient's work status has been documented as permanent and stationary. MTUS, Criteria for use of Opioids Section, 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, Criteria for use of Opioids Section, page 78 also requires documentation of the 4 A's (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. MTUS, Criteria for use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the

effect of pain relief in relationship to improvements in function and increased activity. In this case, a prescription for Butrans patch is first noted in progress report dated 12/22/14. While it is evident that the patient has been using the medication consistently since then, it is not clear when the transdermal patch was initiated. As per progress report dated 05/18/15, the patient gets 80% pain relief from Butrans patch. The patient "is able to do laundry but unable to do any garden work". As per progress report dated 03/13/15, the patient uses the Butrans patch every day and it provided 50-60% pain relief. Treater has discussed analgesia and provided some examples of ADL's. Although the patch appears to provide significant pain relief, its impact on the patient's ability to perform activities of daily living is not clear. MTUS states that "function should include social, physical, psychological, daily and work activities." Furthermore, MTUS requires adequate discussion of the 4 A's to include the impact of opioid in analgesia, ADL's, adverse effects, and aberrant behavior. There are no UDS's and CURES reports available for review to address aberrant behavior, nor discussion regarding adverse effects of Butrans patch. In this case, treater has addressed some, but not all 4 A's to warrant continued use of this medication. Hence, the request is not medically necessary.

Norco 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: The 52 year old patient complains of pain, weakness and a feeling of instability in bilateral knees, as per progress report dated 08/14/15. The request is for Norco 5/325mg #90. There is no RFA for this case, and the patient's date of injury is 05/29/10. Diagnoses, as per progress 08/14/15, included left knee medial meniscal tear and arthrosis, and right knee medial meniscal tear and arthrosis. The patient has also been diagnosed with chondromalacia. Medications, as per progress report dated 07/27/15, included Hydrocodone, Flector patch, Voltaren, Metformin, NPH, Novalog, Lantus, Lisinopril, Butrans patch, and Bydureon. As per progress report dated 05/18/15, the right knee pain is rated at 7/10, left knee pain is rated at 9/10, and right shoulder pain is rated at 8/10. The patient has also been diagnosed with adhesive capsulitis of the shoulder. Diagnoses, as per progress report dated 05/01/15, included right shoulder rotator cuff injury with tendinosis, right shoulder sprain/strain, bilateral knee contusion, bilateral knee sprain/strain, lumbosacral sprain/strain, and left S1 radiculopathy. The patient's work status has been documented as permanent and stationary. MTUS, Criteria for use of Opioids Section, 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, Criteria for use of Opioids Section, 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. MTUS, Criteria for use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for chronic pain Section, page 60

states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, Hydrocodone is only noted in progress report dated 07/27/15. As per progress report dated 12/22/14, Norco was discontinued during the visit as the patient "refuses" to take it. None of the reports in the interim discuss the use of this medication. The reports do not document the efficacy of Norco either. A review of the reports indicates that the patient has been using another opioid, Butrans patch, on a consistent basis. As per progress report dated 05/18/15, the patient gets 80% pain relief from Butrans patch. The patient "is able to do laundry but unable to do any garden work". As per progress report dated 03/13/15, the patient uses the Butrans patch every day and it provided 50- 60% pain relief. Treater has discussed analgesia and provided some examples of ADL's. Although the patch appears to provide significant pain relief, its impact on the patient's ability to perform activities of daily living is not clear. MTUS states that "function should include social, physical, psychological, daily and work activities." Furthermore, MTUS requires adequate discussion of the 4 A's to include the impact of opioid in analgesia, ADL's, adverse effects, and aberrant behavior. There are no UDS's and CURES reports available for review to address aberrant behavior, nor discussion regarding adverse effects of Butrans patch. In this case, treater has addressed some, but not all 4 A's to warrant continued use of this medication and opioids in general. Consequently, the request for Norco, another opioid, is not medically necessary.