

Case Number:	CM15-0095214		
Date Assigned:	05/21/2015	Date of Injury:	05/28/1992
Decision Date:	06/24/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/18/2015

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:

The injured worker is a 80 year old female, who sustained an industrial injury on 5/29/1992. The mechanism of injury was not documented. The injured worker was diagnosed as having right knee degenerative joint disease, left total knee replacement caused by arthrofibrosis, and neuropathic pain left knee. Treatment to date has included medications. On 4/11/2015, the injured worker reported "my right knee is fine" and reported allergy to Lyrica, reporting pitting edema and water weight. Pain was not reported or rated. Exam of the right knee showed a well healed scar, zero to near full extension, and normal valgus alignment. Exam of the left knee showed a well healed scar, slightly more warmth than the right, and active range of motion zero to 80 degrees. She was to continue Flector patches as needed, switch back to Neurontin slowly, and refill Norco. She ambulated with a walker for support. The treatment plan included a request for Neurontin for nerve pain, Norco for generalized pain, and Pennsaid for inflammatory benefits. Urine toxicology was not noted. She was medically retired. The prior progress report (1/16/2015) noted the use of Lyrica, Flector patches, Aleve, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5mg: Upheld

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

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. There is no documentation of significant pain relief with the use of Norco. Additionally, there are no documented urine drug screens to test for toxicology. The amount of Norco requested in this review is also not available for review. 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 7.5mg is determined to not be medically necessary.

Pennsaid Cream 2%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Pennsaid (Diclofenac Sodium Topical Solution) Section.

Decision rationale: Per the MTUS Guidelines, the use of topical analgesics is recommended as an option for some agents. 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. Per the ODG, Pennsaid is not recommended as a first-line treatment. Topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, and after considering the increased risk profile with diclofenac, including topical formulations. In studies, Pennsaid was as effective as oral diclofenac, but was much better tolerated. FDA approved Pennsaid Topical Solution in 2009 for the treatment of the signs and symptoms of osteoarthritis of the knee, and the FDA requires a Risk Evaluation and Mitigation Strategy (REMS) from the manufacturer to ensure that the benefits of this drug outweigh its risks. The request for Pennsaid Cream 2% is determined to not be medically necessary.