

<b>Case Number:</b>	CM14-0140566		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	07/06/2013
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 Occupational Medicine and is licensed to practice in California. 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:

Injured worker is a female with date of injury 7/6/2013. Per utilization review treatment appeal, dated 9/3/2014, the injured worker presents with right knee pain. She continues to have pain in her right knee as well as significant burning of her posterior calf. She continues to complain of left knee pain which she attributes to compensation. She continues to utilize a cane for assistance with ambulation. She takes a half tablet of Norco at night which decreases her pain and allows her to sleep. On examination she ambulates with assistance of a straight cane. Gait in antalgic. There is normal lumbar extension. Lumbar flexion was measured to be 50 degrees. Left lateral bending was measured to be 25 degrees and right lateral bending was measured to be 15 degrees. Dorsiflexion strength is 5/5 bilaterally. Hip flexion strength is 5/5 bilaterally. Knee flexion motor strength is 5/5 on left and 4/5 on right. Plantar flexion strength is 5/5 bilaterally. Tenderness to palpation noted along right knee joint line. Swelling is noted in the right lower extremity with 1+ edema to knee. Swelling also noted along medial aspect of knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 5/325mg #15:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section Page(s): 74-95.

**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 requesting physician explains that the injured worker utilizes half tablet at bedtime on a PRN basis, because Norco 2.5/325 mg was not available. This dosing of Norco has been beneficial with pain reduction and overall functional improvement, reducing her pain from 10/10 to 8/10, and allowing her to stand and walk with less pain. She has periodic urine drug screening, the last on 6/27/2014, which was negative for all entities and consistent with the current prescription of hydrocodone. She has also previously signed a pain contract on 2/5/2014. The medical documentation reports that the injured worker is on chronic pain medications and she needs these medications to remain functional. The requesting physician is also taking measures to assess for aberrant behaviour that may necessitate immediate discontinuation of the medications. The injured worker's opioid medication dosing has remained stable and, and she appears to be in a maintenance stage of her pain management. The request for Hydrocodone/APAP 5/325mg #15 is determined to be medically necessary.

**Capsaicin 0.075%:** Overturned

**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 section Page(s): 28, 111-113.

**Decision rationale:** Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Capsaicin is generally available as a 0.025% formulation as a treatment for osteoarthritis and a 0.075% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. There are no studies of a 0.0375% formulation, and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The requesting physician explains that the 0.075% formulation of capsaicin is utilized for the treatment of neuropathic pain, which is supported by the MTUS guidelines. The injured worker has evidence of neuropathic pain, described as burning sensation down to the mid calf. She also notes low back pain radiation into the right lower extremity in the posterolateral aspect to the dorsum of the foot with associated numbness and tingling in the same distribution. She complains of balance problems, numbness and weakness. On examination her knee flexion is reduced on the right. The request for Capsaicin 0.075% #1 is determined to be medically necessary.

