

<b>Case Number:</b>	CM13-0001814		
<b>Date Assigned:</b>	05/02/2014	<b>Date of Injury:</b>	07/26/2005
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	07/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The patient is a 35 year old male who was injured on 07/02/2013. The mechanism of injury is unknown. There are no diagnostic studies for review. Comprehensive drug screen dated 01/09/2014 detects hydrocodone within normal range. Comprehensive drug screen dated 01/11/2013 reveals negative results. PR2 dated 06/10/2013 indicates the patient presents with complaints of ongoing pain. Objective findings on exam reveal tenderness, spasm, and guarding to range of motion of the lumbar spine. Diagnoses are lumbosacral sprain/strain and right lower extremity radiculopathy. The treatment plan includes Vicodin 5/500 and Medrox patches. PR2 dated 01/11/2013 reports the patient has persistent pain with stiffness and low back ache. On exam, there is tenderness, spasticity of the paralumbar muscles with limited range of motion of the lumbar spine. Diagnoses are lumbosacral sprain/strain and right lower extremity radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDROX PATCHES #30 WITH 4 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-113.

**Decision rationale:** According to the California MTUS guidelines, topical analgesics are recommended as an option of treatment for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the medical records document the patient was diagnosed with Lumbosacral spine sprain/strain and right lower extremity radiculopathy. As topical NSAIDs such as methyl salicylate is not recommended for neuropathic pain, and topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatment, further, there is no documentation of failure trial of first line medication. Therefore, the request for Medrox patches, quantity 30 with four refills is not medically necessary and appropriate.

**VICODIN 5/500MG #60 WITH 3 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guidelines, Vicodin "Hydrocodone" is a short acting opioids that is recommended as for intermittent or breakthrough pain. Opioid in general have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants), and for chronic low back pain their efficacy is limited for short-term. In this case, the medical records document that the patient was diagnosed with Lumbosacral spin sprain/strain with right lower extremity radiculopathy. The patient was on Vicodin since 1/9/2013 as documented in the urine drug screen of the same date. In the absence of documented significant improvement of pain and function as well as no documentation of failure trail of first line treatment, the MTUS guidelines does not recommended this medication in the intermittent breakthrough pain. Therefore, the request for Vicodin 5/500 mg, quantity 60 with three refills is not medically necessary and appropriate.