

<b>Case Number:</b>	CM13-0005176		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	09/12/2010
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	07/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2013

### 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 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:

The patient is an employee of [REDACTED] and has submitted a claim for left-sided disc herniation at L5-S1 with stenosis, lumbar radiculopathy, right shoulder subacromial impingement, bilateral median neuropathy and possible ulcer associated with an industrial injury date of 09/12/2010. Treatment to date has included chiropractic therapy, aquatic therapy, physical therapy, acupuncture, TENS unit, heating pad, and medications including ibuprofen, Norco, Flexeril, and Medrox patches. A utilization review from 07/17/2013 denied the requests for Medrox patches box (5 patches) #135 due to its lack of safety and efficacy for the claimant's clinical scenario; and Hydrocodone/APAP 5/325 mg because there was no documentation of maintained increase in function or decrease in pain with the use of this medication. Medical records from 2013 were reviewed showing that patient complained of right shoulder and back pain graded 5-8/10 radiating to both feet, left side greater than right, associated with muscle spasm. She also complained of persistent headaches starting in her posterior neck. Medications relieved her symptoms and no side effects were noted. She was likewise diagnosed with brain tumor; the main reason why surgical treatment is not an option at present. The patient reported difficulty with showering, bathing, washing body, turning on faucets, brushing teeth, standing, sitting, climbing stairs, getting out of bed, walking, lifting even light objects, driving, and sleeping. Physical examination showed decreased range of motion of both thoracic and lumbar spines on all planes. Lower extremity sensation was intact. Motor strength of psoas, quadriceps, hamstrings, tibialis anterior, EHL, invertors and evertors were graded 4/5 bilaterally. Straight leg raise was positive bilaterally at 50 degrees causing radiating pain to the feet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDROX PATCHES BOX (5 PATCHES) #135:** 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 section on Topical Analgesics Page(s): 111-113.

**Decision rationale:** Capsaicin is generally available as a 0.025% formulation and a 0.075% formulation. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The MTUS Chronic Pain Guidelines state that capsaicin in a 0.0375% formulation is not recommended for topical applications. Furthermore, as stated in page 111 of the MTUS Chronic Pain Guidelines, any compounded product that contains at least one drug that is not recommended is not recommended. In this case, the patient has started using Medrox patch as early as March 2013. Although the patient meets the criteria of chronic pain for use of topical salicylate, there was no clear rationale why a 0.0375% formulation of capsaicin is indicated when it is not recommended by the MTUS Chronic Pain Guidelines. Therefore, the request for Medrox patches box (5 patches) #135 is not medically necessary.

**HYDROCODONE/APAP 5/325MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 78,91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of the MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the earliest progress report stating the patient's usage of Norco was dated 02/26/2014. There is no documentation on the pain relief (in terms of pain scale) and functional improvement (in terms of specific activities of daily living that the patient can perform) attributed to the use of opioids. The MTUS Chronic Pain Guidelines require clear and concise documentation for ongoing management. Furthermore, the present request does not specify the amount of medication to be dispensed. Therefore, the request for Hydrocodone/APAP 5/325 mg is not medically necessary and appropriate.